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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

; (850)222-1092

Phone Fax Number

: (850)878-5368

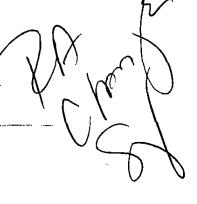
**Enter the email address for this business entity to be used for Enture
annual report mailings. Enter only one email address please.

rmail Addraga	5 °			
Email Address	3.			

REGISTERED AGENT CHANGE MERRITT MEDICAL CENTER II CONDOMINIUM ASSOCIATION, I

RECEIVED 11 HAY -2 AM 8: 55 SECKETARY OF STATE ALLYAHASSEE, FLORIDA

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\$35.00



COVER LETTER

Division of Corporations SUBJECT: Merritt Medical Center II Condominium Association, Inc. Name of Corporation N95000001378 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Timothy R. Parry Name of Contact Person Rockledge HMA, LLC Firm/Company 5811 Pelican Bay Boulevard, Suite 500 Address Naples, FL 34109 City/State and Zip Code peggy.oneil@hma.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Timothy R. Parry 552-3431 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida	<u>la</u>	_
1. The name of the corporation: Merritt Medical Center II Condominium Assoc 2. The principal office address: 2400 N. Courtenay Parkway, Merritt Island, FL 32953	iation,	inc.
3. The mailing address (if different): 5811 Pelican Bay Boulevard, Suite 500, Naples,	FL 3410	8
4. Date of incorporation/qualification: 3/21/95 Document number: N9500	000137	?
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)		
Emil Miller	. • .	
110 Longwood Avenue		1107
Rockledge, FL 32955	7.70	IIIA Y
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		_2 PH
CT Corporation System	22	5
1200 South Pine Island Road	er. Mai	₹ 3
P.O. Box NOT succeptable Plantation, FL 33324		
The street address of its registered office and the street address of the business office of its regis as changed will be identical.		nt,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board or the comparation has been notified in writing of the change.	I 80	
Signature of an officer of director Printed of typed pages and title		_
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered agen document is being filed merely to reflect a change in the registered office address, I hereby conjugation has been notified in writing of this change.	verforma 1. Or, if the firm that t	nce his the
Maloy- wald 5-2-2011		
Signature of Registored Agent Date		_
If signing on behalf of an entity:		
Madonna Cuddihy		
Special Assimiant Secretary		

* * * FILING PEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZE045 (8/05)