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To: Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Subject: BETHESDA HEALTH OUTPATIENT SERVICES, INC.

Document Number: N95000002097

The enclosed Statement of Change of Registered Office and Registered Agent is submitted for filing. Enclosed is our check for \$35.00 payable to the Department of State to cover the cost of this filing.

Please return all correspondence to the undersigned. My email address is <a href="mailto:kylesaxon@saxonfink.com">kylesaxon@saxonfink.com</a>. Please contact me if you have any questions or need any additional information.

Kyle R. Saxon, Esq.

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 617.0502, Florida Statutes, this Statement of Change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office and registered agent in the State of Florida.

- 1. The name of the Corporation is: BETHESDA HEALTH OUTPATIENT SERVICES, INC.
- 2. The principal office address of the Corporation is: 10301 Hagen Ranch Road, Suite 100, Boynton Beach, Florida 33435.
- 3. The mailing address of the Corporation is: 2815 S. Seacrest Boulevard, Boynton Beach, Florida 33435.
- 4. The date of incorporation of the Corporation is May 2, 1995, Document Number N95000002097.
- 5. The name and street address of the current registered agent(who has resigned) and registered office on file with the Florida Department of State is:

Kimberly Shapiro, Esq. 2815 S. Seacrest Boulevard Boynton Beach, Florida 33435.

6. The name and street address of the new registered agent and registered office is:

David R. Friedman, Esq. 6855 Red Road, Suite 600 Coral Gables, Florida 33143

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was approved by resolution duly adopted by the Board of Trustees of the Corporation.

Roger L. Wirk, President of Bethesda Health

Outpatient Services, Inc.

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

David R. Friedman, Esq.

September 29, 2017