

N 95000002097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

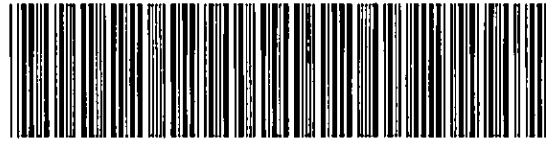
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/27/20--01039--008 \*\*35.00

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JUL 23 2020

S T A T E

SEP 11 2020

*RH-28*

2020 JUL 23 PM 4:09



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington, De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS  
From: Erika Zavala Daza      erika.zavaladaza@cscglobal.com  
Date: July 21, 2020  
Order#: 345704/026  
Re: BETHESDA HEALTH OUTPATIENT SERVICES, INC.

Enclosed please find:

XX      Change of Registered Agent and Office.  
XX      Check in the amount of \$35 \_\_\_\_.

Please take the following action:

XX      File in your office on a routine basis.  
XX      Issue Proof of Filing.  
XX      Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

**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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BETHESDA HEALTH OUTPATIENT SERVICES, INC.
2. The principal office address: 10301 HAGEN RANCH ROAD SUITE 100 , BOYNTON BEACH, FL 33437
3. The mailing address (if different): 2815 S. SEACREST BLVD, BOYNTON BEACH, FL 33435
4. Date of incorporation/qualification: 05/02/1995 Document number: N95000002097
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)

FRIEDMAN, DAVID R, ESQ.

6855 RED ROAD SUITE 600

CORAL GABLES, FL 33143

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

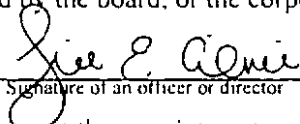
P.O. Box NOT acceptable

Tallahassee

FL 32301

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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

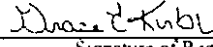
  
Signature of an officer or director

Jill Cilmi, Vice President

Printed or typed name 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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By:   
Signature of Registered Agent

07/20/2020

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

2020 JUL 23 PM 4:09