

N9500005622

Requester's Name

JFK Medical Center Auxiliary, Inc.  
5301 South Congress Avenue  
Atlantis, Florida 33462

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 500004715535--8  
-12/10/01--01034--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

FILED  
01 DEC 10 PM 2:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

N9500005622  
12-10-01  
RAC

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : JFK Medical Center Auxiliary, Inc
2. The mailing address of the corporation : 5301 South Congress Ave  
Atlanta, FL 33462
3. Date of incorporation/qualification: 11/29/95 Document number: N95000005622
4. The name and address of the current registered agent and office:

Grace Somers

7704 3rd Terrace

Lake Worth, FL 33463

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Georgia Ochs

JFK Medical Center

5301 South Congress Ave. ATLantis, FL 33462

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TALLAHASSEE, FLORIDA

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.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

12/1/01  
(Date)

VERNON ROSE, PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Georgia Ochs  
(Signature of Registered Agent)

11/28/01  
(Date)

If signing on behalf of an entity:

JFK Medical Center Auxiliary, Inc.  
(Typed or Printed Name)

(Capacity)

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