

N96000002633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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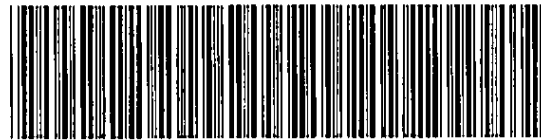
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 24 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cape Memorial Hospital, Inc.
Name of Corporation

DOCUMENT NUMBER: N96000002633

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:

Mary A. McGillicuddy

Name of Contact Person

Lee Memorial Health System

Firm/Company

4211 Metro Parkway, Legal Services, Lee Health Corporate Center

Address

Fort Myers, FL 33916

City/State and Zip Code

LMHS.CourtDocs@LeeHealth.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary A. McGillicuddy

Name of Contact Person

at (239) 343-8550

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

**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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cape Memorial Hospital, Inc.
2. The principal office address: 636 Del Prado Blvd, Cape Coral, FL 33990
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/16/1996 Document number: N96000002633
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)

Mary A McGillicuddy

C/O Lee Memorial Health System, 2776 Cleveland Avenue, MOC Suite 459

Fort Myers, FL 33901

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

Mary A. McGillicuddy

4211 Metro Parkway, Legal Services, Lee Health Corporate Center

P.O. Box NOT acceptable

Fort Myers, FL 33916

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

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.

Mary A McGillicuddy
Signature of Registered Agent

12-18-2019
Date

If signing on behalf of an entity:

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)

SECRETARY OF STATE
TALLAHASSEE, FL

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