

N 96000004814



**MEMORIAL  
HEALTH SYSTEMS**

Ormond Beach • Flagler • West Volusia  
*A community-owned regional healthcare system*

April 4, 1997

Florida Memorial Health Network, Inc.  
c/o Beth Hall Palacios  
The Summit at Volusia Medical Center  
1061 Medical Center Drive  
Suite 313  
Orange City, FL 32763

600002188416--2  
-05/22/97--01083--025  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Florida Memorial Health Network, Inc.

Dear Beth:

Enclosed please find the letter from the Secretary of State together with all attachments. Please sign the Statement of Change of Registered Office or Registered Agent or Both for Corporations form and forward the same together with everything from the Secretary of State to them for filing. Please enclose a check in the amount of \$35.00 made payable to the Department of State to cover the filing fee. Please copy me on the correspondence to the state. Call me if you have questions concerning the above.

Sincerely,

Charles B. Koval  
Vice President/Legal Services

CBK/sdm  
Encs.

h:\u\m\fmhn\l\lbeth04.497

FILED  
97 MAY 16 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. A. Charge  
KFS  
5-21-97

2 to  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
97 MAY 16 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 28, 1997

Charles B. Koval  
% MEMORIAL HEALTH SYSTEMS  
875 Sterthaus Avenue  
Ormond Beach, FL 32174

SUBJECT: FLORIDA MEMORIAL HEALTH NETWORK, INC.  
Ref. Number: N96000004814

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (904) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 897A00015890

RECEIVED  
MAY 16 AM 6:54  
DIVISION OF CORPORATIONS

MEMORIAL HEALTH SYSTEMS

Florida Department of State, Sandra B. Mortham, Secretary of State

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 is: FLORIDA MEMORIAL HEALTH NETWORK, LLC

2. The mailing address of the corporation is: 1061 MEDICAL CENTER DRIVE # 313, CRANFORD CITY FL 32763-8227

3. Date of incorporation/qualification: 9/17/96 Document number: N96000004814(7)

4. The name and address of the current registered agent and office:

CORPORATION SERVICE COMPANY
1201 HAWK STREET
TALLAHASSEE FL 32301

FILED
97 MAY 16 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BETH PALACIOS
THE SUITE AT VOLUNIA MEDICAL CENTER
1061 MEDICAL CENTER DRIVE
SUITE 313
CRANFORD CITY FL 32763

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.

[Handwritten signature]

4-19-97

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

(Date)

M.S. FEIGENBAUM, MD - VICE CHAIRMAN

(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.

Beth Hall Palacios
(Signature of Registered Agent)

4/14/97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)