

N 9600000 4814

**ADVENTIST**  
HEALTH SYSTEM

September 21, 2001

VIA U.S. Mail

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

900004608819-2  
-09/24/01-01117-014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

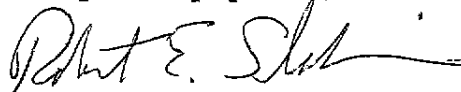
Re: Change of Registered Agent for Florida Memorial Health  
Network, Inc. ("Network")

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or both for Corporations, Form CR2E045. The Network submits the name of its new Registered Agent, Sherri Safford. We also enclose the requisite filing fee of \$35.00 and a copy of the Network Board meeting minutes of August 1, 2001 authorizing the acceptance of Ms. Safford as the new Executive Director and Registered Agent of the company.

If you have any further questions please feel free to contact us.

Very truly yours,



Robert E. Slavkin<sup>1</sup>  
Senior Attorney

RES/plm

Enclosures

cc: Sherri Safford

i:\legal\MHS\memos\RegAgchange.doc

FILED  
01 SEP 24 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<sup>1</sup> House Counsel authorized by the Florida bar, not currently licensed to practice law in the state of Florida.

ac 10-1  
re chg

SEP 10

**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: Florida Memorial Health Network, Inc.

2. The mailing address of the corporation: 770 West Granada Boulevard, Suite 210  
Ormond Beach, FL 32174

3. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

4. The name and address of the current registered agent and office:  
Camille Kendrick  
770 West Granada Boulevard, Suite 210  
Ormond Beach, FL 32174

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)  
Sherri Safford  
770 West Granada Boulevard, Suite 210  
Ormond Beach, FL 32174

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.

G. B. Barnard III Chairman 9-10-01  
(Signature of an officer, chairman or vice chairman of the board) (Date)

G. B. Barnard III 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.

Sherri Safford 9-5-01  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
Sherri Safford executive director  
(Typed or Printed Name) (Capacity)

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

FILED  
01 SEP 24 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA