

N96000005184

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*DR  
9/15/13*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SCHF Physician Practices Wind-Down, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N96000005184

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:

Donna Larson

Name of Contact Person

Space Coast Health Foundation, Inc.

Firm/Company

6905 N. Wickham Road #301

Address

Melbourne, FL 32940

City/State and Zip Code

donna.larson@schfbrevard.org

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

For further information concerning this matter, please call:

Donna Larson

Name of Contact Person

at ( 321 ) 637-2827

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

- 1. The name of the corporation: SCHF Physician Practices Wind-Down, Inc.
2. The principal office address: 6905 N. Wickham Road #301, Melbourne, FL 32940
3. The mailing address (if different): Same
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N96000005184

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)

Johnette Gindling
1116 Geiger Street
Rockledge, FL 32955

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

Johnette Gindling
6905 N. Wickham Road #301
Melbourne, FL 32940

P.O. Box NOT acceptable

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]
Signature of an officer or director

Fran Pickett
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.

[Signature]
Signature of Registered Agent

Johnette Gindling
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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