

N97000003941



TAMPA GENERAL HEALTHCARE

Affiliated with the USF College of Medicine

Tampa General Hospital

Davis Island • P.O. Box 1289 • Tampa, Florida 33601

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*****35.00 *****35.00

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|-----------------------------------|---|--|
| ☐ 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

RA Chg.

V. SHEPARD JAN 12 2000

Examiner's Initials

**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 Health Sciences Center, Inc.

2. The mailing address of the corporation is: P.O. Box 1289, Tampa, Florida 33606

3. Date of incorporation/qualification: 07/09/1997 Document number: N9700000394

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

Paula Bradlee, R.N.

Tampa General Healthcare

Davis Island

Tampa, Florida 33606

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

Frank Testa

Tampa General Healthcare

Davis Island

Tampa, Florida 33606

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

(Date)

Bruce Siegel, M.D., President/CEO

(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.

(Signature of Registered Agent)

Frank Testa

11-29-99

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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