

N97000003941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

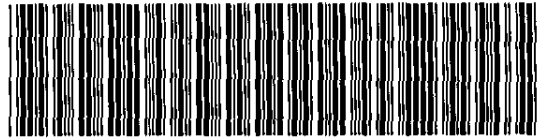
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
18 MAR 15 PM 2:28

R. White

R. WHITE

MAR 16 2018

711-510
18 MAR 15 AM 7:55

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Date: 3-15-18
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585
Contact Name: Kim Pullen, CP, FRP

RECEIVED STATE
DEPARTMENT OF
18 MAR 15 PM 2:28

Corporation Name: Florida Health Sciences Center,

Email Address: _____
Entity Number: 197000003941
Authorization: Kim Pullen

____ Certified Copy
____ New Filings
____ Fictitious Name

☒ Plain Stamped Copy
☒ Amendments
Statement of Change

____ Certificate of Stat
____ Annual Report
____ Registration

(X) Call When Ready
(X) Walk In

(X) Call if Problem
() Will Wait

() After 4:30
(X) Pick Up

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CF Internal Use Only

Client: 55586 Matter: 53655

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: Florida Health Sciences Center, Inc.
2. The principal office address: One Tampa General Circle, Tampa, FL 33606
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/09/1997 Document number: N97000003941
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)

Amarily Torres

Tampa General Hospital, One Tampa General Circle

Tampa, FL 33606

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

Jonathan Dixon, III, Esq.

One Davis Blvd., Suite 401

P.O. Box NOT acceptable

Tampa, FL 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, or the corporation has been notified in writing of the change.


Signature of an officer or director

John D. Couris, President

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 of Registered Agent

March 9, 2018

Date

If signing on behalf of an entity:

Jonathan Dixon III

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

18 MAR 15 AM 7:55