

N970000003941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

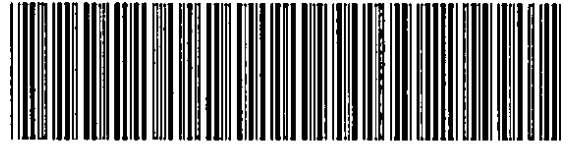
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Registered Agent

Name of Corporation

DOCUMENT NUMBER: N97000003941

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:

Denise Jones, LHRM

Name of Contact Person

Tampa General Hospital

Firm/Company

P.O. Box 1289

Address

Tampa, Florida 33601

City/State and Zip Code

Denisejones@tgh.org

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

For further information concerning this matter, please call:

Denise Jones, LHRM

Name of Contact Person

at (813) 844-7175

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2018

DENISE JONES, LHRM 2nd mailing
FLORIDA HEALTH SCIENCES CENTER, INC.
POST OFFICE BOX 1289
TAMPA, FL 33601

SUBJECT: FLORIDA HEALTH SCIENCES CENTER, INC.
Ref. Number: N97000003941

We have received your document for FLORIDA HEALTH SCIENCES CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 318A00023288

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2019 JAN -2 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2018

DENISE JONES, LHRM
FLORIDA HEALTH SCIENCES CENTER, INC.
ONE DAVIS BLVD - STE. 401
TAMPA, FL 33606

SUBJECT: FLORIDA HEALTH SCIENCES CENTER, INC.
Ref. Number: N97000003941

We have received your document for FLORIDA HEALTH SCIENCES CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 318A00023288

**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): Tampa General Hospital, Attn: Risk Mgmt. Dept.,
P.O. Box 1289, Tampa, FL 33601

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)

CF Registered Agent, Inc.

100 S. Ashley Drive, Suite 400

Tampa, Florida 33602

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

Denise Jones, LHRM

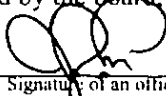
One Davis Boulevard; Suite 401

P.O. Box NOT acceptable

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

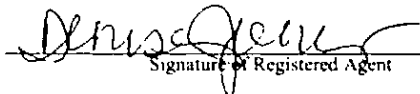


Signature of an officer or director

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

December 18, 2018

Date

If signing on behalf of an entity:

Denise Jones, LHRM

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
CR2E045 (03/12)

FILED
2019 JAN -2 PM 4:02
TALLAHASSEE, FLORIDA