

N9800000570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

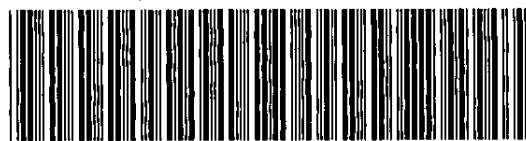
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DEPARTMENT OF STATE
13 JUL 29 PM 4:13

FILED
13 JUL 29 PM 4:37
SECRETARY OF STATE
ATTN: ASST. DIR. OF REG.

PP
Change
07/30/13
DC



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 742918 4313442

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : July 29, 2013

ORDER TIME : 3:57 PM

ORDER NO. : 742918-015

CUSTOMER NO: 4313442

CHANGE OF AGENT

NAME: TEACHING HOSPITAL COUNCIL OF
FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: _____

742918



RECEIVED

13 JUL 30 PM 1:50

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
Division of Corporations

July 29, 2013

CORPORATION SERVICE COMPANY
ATTN: CARINA L. DUNLAP
TALLAHASSEE, FL 32301

RESUBMIT

Please give original
submission date as file date.

SUBJECT: TEACHING HOSPITAL COUNCIL OF FLORIDA, INC.
Ref. Number: N98000000570

We have received your document for TEACHING HOSPITAL COUNCIL OF FLORIDA, INC.. However, the document has not been filed and is being returned for the following:

You failed to list the principal address of the corporation in part 2(two) of the form.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 313A00018267

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: TEACHING HOSPITAL COUNCIL OF FLORIDA, INC.
2. The principal office address: 101 N. Gadsden Street, Tallahassee, FL 32301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/29/1998 Document number: N98000000570
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)

MARK K DELEGAL

215 S MONROE ST, 2ND FLOOR

TALLAHASSEE, FL 32301

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

Corporation Service Company

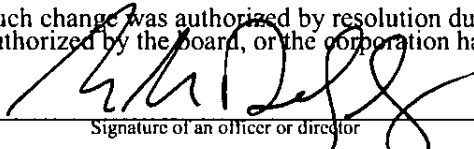
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301


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

Mark K. Delegal, Secretary
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

07-29-13
Date

If signing on behalf of an entity: Carina L. Dunlap
Asst. Vice President

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
13 JUL 29 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA