

N 99000000365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 11/1

SHANDS

HealthCare

Legal Services

October 28, 2005

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Change of Registered Agent's Address

Dear Sir or Madam:

Enclosed please find seven Statements of Change of Registered Office for the following corporations:

- Shands at Lake Shore, Inc.
- ElderCare of Alachua County, Inc.
- Shands Teaching Hospital and Clinics, Inc.
- Greater Orlando Children's Miracle Network, Inc.
- Shands Auxiliary, Inc.
- C.T. Ayers Medical Plaza Condominium Association, Inc.
- Southeastern Healthcare Foundation, Inc.

Please note that there is one check in the amount of \$245.00 representing the filing fees for all seven corporations.

Please return all correspondence concerning this matter to the following address:

Lisa V. Coggins
Shands Legal Services
720 SW 2nd Avenue, Suite 360A
Gainesville, FL 32601

As our offices are moving effective November 7, 2005, please call (352) 265-8051 until November 5th if you have any questions. I can be reached at (352) 338-7188 beginning November 7th.

Sincerely,



Lisa Coggins
Paralegal

**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 Shands Auxiliary, Inc.
2. The principal office address is 1329 SW 16th Street, Suite 5256, Gainesville, Florida 32608
3. Date of incorporation/qualification: 12/10/1998 Document number: N99000000365
4. The name and address of the current registered agent and office on file with the Florida Department of State is:

Charles B. Koval
1329 SW 16th Street, Suite 5256
Gainesville, FL 32610

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

Charles B. Koval
720 SW 2nd Avenue, Suite 360A
Gainesville, FL 32601

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Sandra E. Arnold

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

10/25/05

Date

Sandra E. Arnold

Sandra Arnold, Secretary
Shands Auxiliary, Inc.

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.

Charles B. Koval

Signature of Registered Agent

10/26/05

Date

If signing on behalf of an entity:

Typed or printed name

Capacity

FILING FEE: \$35.00