## P03000088225

(R	equestor's Name)	
(A	ddress) -	
		*******
A)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
	ocument Number)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only

R.A. Change

T BROWN JUL 1 5 2004



July 7, 2004

Florida Secretary of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Attn: Amendment Section

Dear Sir or Madam:

Attached please find the Statement of Change of Registered Agent and check number 000144 in the amount of \$35.00.

Should there be any questions or problems in regards to the filing, please contact me prior to returning it.

Thank you for your consideration in this matter.

Sincerely, CHU8UH

Carrie L. Vaught

Executive Assistant to the Vice President

/clv

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ten Broeck Central Florida, Inc.
(Name of corporation)
DOCUMENT NUMBER: P03000088229
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:
Carrie L. Vaught
(Name of person)
United Medical Corporation
(Name of firm/company)
603 Main Street (Address)
(Classical)
Windermere, FL 34786-1100
(City/state and zip code)
For further information concerning this matter, please call:
-
Carrie L. Vaught at ( 407 ) 876-2200
(Name of person) at (407 ) 876-2200 (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  Street Address:  Amendment Section  Division of Corporations  Division of Corporations  409 E. Gaines Street
Division of Corporations Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections	607.0502, 617.0502,	607.1508, or 617.	.1508, Florida Stat	tutes, this state	ement of	
change is submitted for a corporation organized under the laws of the State of Florida						_in order	
to change its re	egistered office or r <u>eg</u> i	stered agent, or both,	in the State of Flo	rida.			
1. The name of	the corporation: Ten	Broeck Central	Florida, Inc.	•		<u></u>	D.
2. The principa	office address: 603	Main Street, Wi	ndermere, FL	34786-1100			·
				<u> </u>			
3. The mailing	address (if different):_	Same as above	<u>зи_ с — фесе</u> ,	<u> </u>			
			<u></u>	1.5 t.7			:
4. Date of incor	rporation/qualification.	August 11, 200	3 Document nur	nber: <u>P03000088</u>	3229		
	nd street address of the artment of State:	current registered age	nt and registered o	office on file with the	he		
	Stephen A. Ece	nia				"	
	215 S. Monroe S	Street, Suite 42	10	<u> </u>	至公	- N	
	Tallahassee, Fl	L 32301		· · · · · · · · · · · · · · · · · · ·	- PR	EL ED	
6. The name an (if changed):	d street address of the	new registered agent (	(if changed) and /c	or registered office	SSCE. F.		ŧ
	Kevin Barkman	- <u></u>	- N - N			真や	
	603 Main Street		# · ·			7	
		(P.O. Box or personal mai	lbox NOT acceptable)			,	
	Windermere, FL	34786-1100	<u> </u>	*		;;	_
The street addr changed will be	ess of its registered of e identical.	ffice and the street ad	dress of the busin	ness office of its re	gistered agen	ıt, as	-
Such change we the board, or the	as authorized by resone corporation has bee	lution duly adopted b n notified in writing	y its board of dire of the change.	ectors or by an off	icer so author	rized by	
F.	Frin Edward an officer or dire	,		Barkman, Vice (Printed or typed name	e and title)		У
I hereby accept I further agree duties, and I an being filed mer been notified in	t the appointment as r to comply with the pr n familiar with and ac ely to reflect a change t writing of this chang	egistered agent and a ovisions of all statute cept the obligation of e in the registered off ee.	agree to act in thi es relative to the p of my position as r ice address, I her	is capacity. Proper and comple registered agent. ( reby confirm that t	ete performan Or, if this doc he corporatio	ce of my cument is on has	
شد	Ferin Barlon	ran	June 18	3, 2004			,
	(Signature of Registered Age	nt)		(Date)		-	
If signing on be	ehalf of an entity:						
	(Typed or Printed Name)			<u> </u>			
	(Typed of Little Hame)			(Capacity	9		

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