(Re	questor's Name)	 	
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400279396574

12/09/15--01018--010 **35.00



RARDONE

DEC 11 2015 DALBETTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: December 7, 2015

Order#: 890053/020

Re: PROMISE HOSPITAL OF ASCENSION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FL registered agent, or both, in the State of Florida.
1. The name of t	the corporation: PROMISE HOSPI	ITAL OF ASCENSION, INC.
	office address:OROAD THIRD FLOOR, BOCA	RATON FL 33431
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 02/10/2006	Document number: P06000020370
	d street address of the current regis rtment of State: (If resigned, enter	tered agent and registered office on file with the resigned)
	David J. Armstrong	
	999 YAMATO ROAD	FL 33431
	BOCA RATON	
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	ੱ
		Sox NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
		Dona Priebe, Vice President
Siglatu	Le of a Micor or Caseolor	Printed or typed name and title
I further agree i performance of agent. Or, if th hereby confirm	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. ull statutes relative to the proper and complete a and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.
By: X	ace dakubi	12/07/2015
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
Grace E. Kirby,	, Asst. Vice President	
T	yped or Printed Name	

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