CONTACT:

P94000074517

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

RA Change

1 Williston Medical Center Inc.
(Corporation Name) (Document #)

2
(Corporation Name) (Document #)

3
(Corporation Name) (Document #)

4
(Corporation Name) (Document #)

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	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
X	Resignation of R.A., Officer/Director
X	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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Examiner's Initials	

Florida Department of State, Sandra B. Mortham, Secretary of State

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.*

1a. The name of the corporation is: Williston Medical Center, Inc.

1b. The mailing address of the corporation is: 125 S.W. 7th Street,
Williston, FL 32696

1c. Date of incorporation: 10/11/94 Document number: P94000074517

2. The name and address of the current registered agent and office:
Capitol Connection, Inc.
417 E. Virginia Street, Suite 1
Tallahassee, FL 32301

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3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
NRAI Services, Inc.
526 E. Park Avenue
Tallhassee, 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.

Roger W. Glass 5-20-97
(Signature of an officer, chairman or vice chairman of the board) (Date)

Roger W. Glass, President & COO
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

May 22, 1997
(Signature of Registered Agent) (Date)
ROBERT D. PISCHER--ASSISTANT SECRETARY

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

CR2E045(11/94) FILING FEE: $35.00