

P97000068837

Requestor's Name

Address

The Marriott Foundation, Inc.

1010 Fifth Avenue S., Suite 302,
Naples, Florida 34102

300002379203--6

-12/22/97--01070--021

*****35.00 *****35.00

Office Use Only

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

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS JAN 5 1998

Examiner's Initials

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: Marriott Medical, Inc.
2. The mailing address of the corporation is: 1010 Fifth Avenue
Suite 302 Naples, FL 34102
3. Date of incorporation/qualification: 8/7/97 Document number: P9700068837
4. The name and address of the current registered agent and office:

Thomas B. Gurlick
Pelican Bay Financial Center
8889 Pelican Bay Blvd., Ste 300
Naples, FL 34108

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Jonni Cooper
1010 Fifth Avenue S. Suite 302
Naples, FL 34102

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.

Jonni Cooper (President) 12/14/97
(Signature of an officer, chairman or vice chairman of the board) (Date)
Jonni Cooper (President)
(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.

Jonni Cooper 12/14/97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Marriott Medical, Inc. President
(Typed or Printed Name) (Capacity)

Jonni Cooper