P98000028617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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@ 2/6/12

Adventist
HEALTH SYSTEM

To Whom It May Concern:

Please process the enclosed filing(s). **Please return confirmation documents, if applicable, to**:

Sarah Sneath
Adventist Health System
900 Hope Way
Altamonte Springs, FL 32714

Tel: 407-357-2333
Email: sarah.sneath@ahss.org

Do not hesitate to contact me if you should have questions.

Many thanks for your assistance.

Sarah

Sarah Sneath
Legal Department
Adventist Health System

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: UCH Services, Inc.

2. The principal office address: 3100 E. Fletcher Avenue, Tampa, Florida 33613

3. The mailing address (if different):

4. Date of incorporation/qualification: 3/27/1998 Document number: P98000028617

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Miceli-Mullen, Joline

3100 E. Fletcher Avenue

Tampa, FL 33613

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

Jeff Bromme

900 Hope Way

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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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, or the corporation has been notified in writing of the change.

→ _____ Fred Meyer Chair
Signature of an officer or director — Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

_____ 2/3/12
Signature of Registered Agent — Date

If signing on behalf of an entity:

_____
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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