## P99000025957 Trinity Community Hospital 506 NW 4th Street Jasper, Florida 32052

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	, (if known):
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CR2E031(7/97)

10/01

## 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
submits the following statement in order to elegate its and 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: H.C. Health cove INC.
2. The mailing address of the corporation is: 506 N.W. 4HL Street
Jasper, FL. 32052
3. Date of incorporation/qualification: 63 22 99 Document number: 2990000 259 57
4. The name and address of the current registered agent and office:
Clinton T. McCohill
4404 193RN DRIVE
Live Oak, PLorider 32060
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Clinton T. McCahill
104 Hatley Street
Josper Florida 32052
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.
(-h, -1)(-h)
(Signature of an officer, chairman or vice chairman of the board)  (Date)
Printed or typed name and titled 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. 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
12-20-00
(Date)
signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)