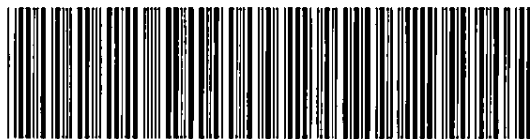


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TALLAHASSEE, FLORIDA

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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850-656-4724**

Date: 12/22/2017  
ACCT. I20160000072

*Eric SW*

Name:	St. Mary's Medical Park Pharmacy, Inc.
Document #:	REF Letter: Q15000000001
Order #:	10743951

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
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W.P. Verifier \_\_\_\_\_  
Ref# \_\_\_\_\_

Amount: \$ 35.00

**Thank you!**



December 21, 2017

FLORIDA DEPARTMENT OF STATE

ST. MARY'S MEDICAL PARK PHARMACY, INC. of Corporations

4714 GETTYSBURG ROAD  
MECHANICSBURG, PA 17055

SUBJECT: ST. MARY'S MEDICAL PARK PHARMACY, INC.  
REF: Q1500000001

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have completed the improper form to change the registered agent and/or registered office for an Alien Business Organization. The proper form can be found via our website under the miscellaneous forms, then under Alien Business Forms.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

FAX Aud. #: H17000324420  
Letter Number: 817A00025847

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: St. Mary's Medical Park Pharmacy, Inc.  
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Courtney Smith  
(Name of Person)

Select Medical  
(Firm/Company)

4714 Gettysburg Road  
(Address)

Mechanicsburg, PA 17055  
(City/State and Zip Code)

For further information concerning this matter, please call:

Courtney Smith at (717) 975-4541  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR  
REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. St. Mary's Medical Park Pharmacy, Inc.  
(Name of alien business organization)
2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
(Florida registration date) (Florida document number) (FEI Number, if applicable)
5. 1200 South Pine Island Road, Plantation, FL 33324  
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

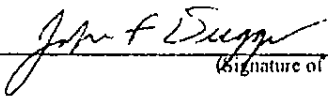
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

7. New registered agent and/or office address:

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

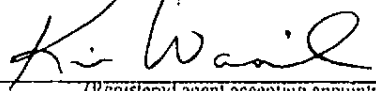
(Note: Registered office must be a Florida street address)

8. The street address of the registered office and the street address of the business office of the registered agent are identical.
9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10.   
(Signature of chairman, vice chairman, or officer)

11. John F. Duggan, Vice President  
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

 12/21/2017  
(Registered agent accepting appointment) (Date)

Kim Wasilewski  
Assistant Secretary

**FILING FEE: \$35.00**  
Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314

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