

Q17006000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLETCHER G. RUSH (1917-2003)
CHARLES V. MARSHALL (1929-1994)
DAVID B. JONES
ROGER A. KELLY
ROBERT S. HOFFMAN*
GARY J. LUBLIN
ROBERT J. WATSON, JR.
ANDREW W. HOCHINS
**also admitted Texas*

Sandra Powell Building
1516 East Colonial Drive, Suite 300
Orlando, Florida 32803

407-425-5500
Facsimile 407-423-0554

djones@rushmarshall.com

February 2, 2017

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

Re: Registered Agent
Florida Hospital Credit Union

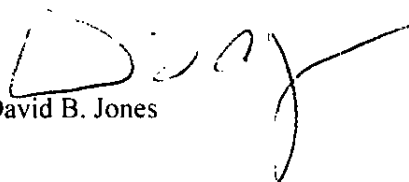
Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Financial Institution, and our check for the \$35.00 fee, are submitted for filing.

Please return all correspondence concerning this matter to me.

Thank you.

Very truly yours,



David B. Jones

Encl:

Designation of Registered Agent
check #202055 for \$35.00

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION**

PURSUANT TO SECTION 607.0505 OR 655.0201, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Florida Hospital Credit Union
(Name of alien business organization or financial institution)

2. Florida (State or country under which entity is organized) 3. 59-1022425
(FEI Number, if applicable)

4. 115 Boston Avenue, Suite 2400
(Principal office address)

5. Name and Florida Street address of registered agent.
John Martin
115 Boston Avenue, Suite 2400
Altamonte Springs, FL 32701

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. [Signature]
(Signature of chairman, vice chairman, or officer)

8. John Martin, President
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: [Signature]

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505 or 655.0201, Florida Statutes.

John Martin (Registered agent accepting appointment) February 2, 2017 (Date)

**THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT
AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF
FLORIDA.**

FILING FEE \$35

**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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