

F17000004452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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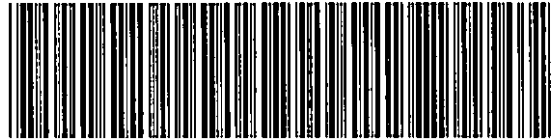
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Centre Hospital Corporation

Name of Corporation

**DOCUMENT NUMBER:** F17000004555

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Durall

Name of Contact Person

Firm/Company

8411 West Oakland Park Boulevard, Ste. 302

Address

Sunrise, FL 33351

City/State and Zip Code

ald@durallfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Durall

Name of Contact Person

at ( 954 ) 718-3655

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Alabama in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Centre Hospital Corporation
2. The principal office address: 8411 West Oakland Park Boulevard, Ste. 302  
Sunrise, FL 33351
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/23/2006 <sup>10/3/2017</sup> Document number: F17000004452

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)

David Di Pietro, Esq.

101 NE 3rd Ave., Ste. 1410

Fort Lauderdale, FL 33301

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

Aaron Durall

8411 West Oakland Park Boulevard, Ste. 302

P.O. Box NOT acceptable

Sunrise, FL 33351

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.

  
\_\_\_\_\_  
Signature of an officer or director

Aaron Durall  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

3/5/18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Aaron Durall  
\_\_\_\_\_  
Typed or Printed Name

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

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