Requester's Name From: SONDRA MCCRORY (650)432-0650 DELTA HEALTH GROUP, INC 2 N. PALAFOX STREET PENSACOLA, FL, 32501 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) 4.

(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _		☐ Certified Copy
☐ Mail out ☐ Will wait	Photocopy	☐ Certificate of Status
NEW FILINGS	AMENDMENTS	0000062232400 -07/05/0201051025 ******35.00 ******35.00
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of Change of Reg Dissolution/Wi Merger	
OTHER FILINGS	REGISTRATION	OUALIFICATION S S O
☐ Annual Report	Foreign	1: 5 ORIU

Limited Partnership

Examiner's Initia

Reinstatement Trademark Other

CR2E031(7/97)

Fictitious Name

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section the undersigned corporation organizes	ed under the laws of the Sta	te of Mississippi		
submits the following statement in or the State of Florida. 1. The name of the corporation: Sk	rder to change its registered	d office or registered		. **** ! _
		······································		·· =-
2. The mailing address of the corpora	tion: 2 North Palafox Street,	Pensacola, Florida, 3	2501	<u> </u>
				 : 카 ^스 트 :
3. Date of incorporation/qualification	1: 9/13/95	Ocument number: F9	95000004844	
4. The name and address of the currer	nt registered agent and office			7
Scott J. Bell				
2 North Palafox Stree	and the second of the second o	<u>- 178 () () () () () () () () () (</u>		
Pensacola, Florida 3				_ , <u>t.</u> . + :
5. The name and address of the new re		and/or registered office	co (if change 1)	
	(P. O. Box Not Acceptable)	or registered office	ce (ii changed):	
Sondra McCrory	<u></u>	<u></u>	ere il grando e	
2 North Palafox Stree	<u>t</u>	<u> </u>	Tarana ayan ayan ayan ayan	·
Pensacola, Florida 3	2501		=	- -
The street address of its registered off agent, as changed, will be identical.	ice and the street address o	f the business office	of its registered	
Such change was authorized by resolution authorized by the board	ition duly adopted by its bo	ard of directors or by	an officer so	
(Signature of an officer, chairman or vice	Chairman of the board	6/11/02	<u> </u>	
Scott J. Bell, President	onaminan of the board)	(Date)		
(Printed or typed name a	nd title)	- ' ' -	·	e *
Having been named as registered agest corporation, I hereby accept the appoint further agree to comply with the properformance of my duties, and I am faregistered agent.	nt and to accept service of pintment as registered agent visions of all statutes relatives wiliar with and accept the c	process for the above and agree to act in t ve to the proper and obligation of my posi	stated his capacity. complete ition as	
Sondra Mc Cm	A	6/11/02	02. ALL	
(Signature of Registered Agent)	8	(Date)		
If signing on behalf of an entity: Sondra McCrory		Corporate Adust	-5 ARY SSE	
(Typed or Printed Name)	But the second s	Corporate Admi (Capacity)	uistrator.	
ب به به	EVI VIIC TO THE		11: 11:	
CR2E045(9/00)	FILING FEE: \$35.00 * *	*	51 ADA	
DIVISION OF CORPORATIONS	P.O. Box 6327	TAILAWARRE EL 20214		

P.O. Box 6327

TALLAHASSEE, FL 32314