F96000002892

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



118605



ACCOUNT NO. : 072100000032 REFERENCE : 708989 7110150 . AUTHORIZATION : \$ 35.00						
ORDER DATE: November 16, 2005						
ORDER TIME : 10:03 AM						
ORDER NO. : 708989-015						
CUSTOMER NO: 7110150						
CHANGE OF AGENT NAME: NATIONAL HEALING CORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Heather Chapman EXAMINER'S INITIALS:						

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

statement of change	e is submitted j	for a corporation organ	2, 607.1508, or 617.1508, ized under the laws of the s ered agent, or both, in the S	State of Delaware			
1. The name of the	corporation: N	NATIONAL HEALING	CORPORATION				
2. The principal office address: National Healing Corp., 6400 Congress Avenue, #2200							
Boca Raton, FL							
3. The mailing addre	ess (if differer	nt):					
4. Date of incorpora	ation/qualifica	tion: June 10, 1996	Document number: _	F96000002892			
5. The name and stre Florida Departme		the current registered a	gent and registered office of	on file with the			
Co	orporate Creation	ons Network, Inc.					
113	380 Prosperity	Farms Road, #221E					
Pa	alm Beach Gar	dens, FL 33410					
6. The name and str (if changed):	reet address of	the new registered ager	nt (if changed) and /or regis	stered office S			
Co	orporation Serv	ice Company					
12	01 Hays Street			PH 4: 45 SEE, FLORIDA			
		(P.O. Box NOT acceptable))	ELC STI			
_	allahassee, FL		<u> </u>	—— BEA 5			
The street address of as changed will be	of its registere identical.	ed office and the street	address of the business of	fice of its registered agent,			
Such change was a authorized by the b	uthorized by ooard, or the	resolution duly adopte orporation has been no	d by its board of directors otified in writing of the ch	or by an officer so ange.			
Marco (Signature of	t an officer or direct	illi	Maureen Cullen, Attorney	y In Fact			
I further agree to co of my duties, and I document is being y corporation has be	omply with the am familiar v filed merely to en notified in	e provisions of all stat with and accept the oblored reflect a change in the writing of this change	d agree to act in this capo utes relative to the proper igation of my position as i e registered office addres.	acity. and complete performance registered agent. Or, if this s, I hereby confirm that the			
By: (Signatu	rvice Company Lire of Registered A	Dannen		17 2005			
If signing on behalf of an entity:							
Michelle R. Vannoy, Asst. Vice President							
(Турес	d or Printed Name)						

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