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Florida Department of State

Division of Corporations
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REGISTERED AGENT CHANGE

AFFINITY HEALTHCARE CENTER AT WATERFORD LAKES, P.L.

Certificate of Status	0
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Page Count	02
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3



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 4, 2002

AFFINITY HEALTHCARE CENTER AT WATERFORD LAKES, P.L.
10416 STONE GLEN DRIVE
ORLANDO, FL 32825

SUBJECT: AFFINITY HEALTHCARE CENTER AT WATERFORD LAKES, P.L.
REF: L02000001501

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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.

The information in number 4 of the application must match our records, please enter the old address in this section. Please enter the new address of the Registered Agent in number 5 of the application.

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) 245-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H02000048904
Letter Number: 702A00012982

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Affinity Healthcare Center at Waterford Lakes, P.L.
2. The mailing address of the corporation: 875 N. Alafaya Trail, Orlando, FL 32828
3. Date of incorporation/qualification: January 22, 2002 Document number: L02000001501
4. The name and address of the current registered agent and office:

Brent Baldasare

10416 Stone Glen Drive

Orlando, FL 32825

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

875 N. Alafaya Trail

Orlando, FL 32828

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.

17-153 3-1-02
(Signature of an officer, chairman or vice chairman of the board)

(Date)

Brent Baldasare, Managing Member
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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