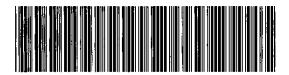
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Central Florida Health Alliance, Inc.
2. The principal office address: 600 East Dixie Ave Leesburg, FL 34748
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/23/2007 Document number: N07000010388
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)
Philip J Braun
600 East Dixie Ave
Leesburg FL 34748 US
600 East Dixie Ave Leesburg FL 34748 US 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Phillip J. Braun 940 Lake Shore Drive, Ste 200
Philip J. Braun
940 Lake Shore Drive, Ste 200
P.O. Box NOT acceptable The Villages, FL 32162
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.
Dale E. Hocking, SVP/CFO, AS Signature of an officer or director 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 Date
Signature of Registered Agent Date If signing on behalf of an entity:
Philip J. Braun
Typed or Printed Name

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