P01000105863

Requester's Name			
From: SONDRA MCCHORY (850)432-0650 DELTA HEALTH GROUP, INC 2 N. PALAFOX STREET PENSACOLA, FL, 32501	·		
	1	Office Use Only	
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if known):	
(Corporation Name)	(Document	t #)	-
2.			
(Corporation Name)	(Document	:#)	
3.			
(Corporation Name)	(Document	±#)	
1.			
(Corporation Name)	(Document	:#) 	
Walk in Pick up time		Certified Copy	
Mail out Will wait	☐ Photocopy	Certificate of S	Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Change of F	_ 400000522	02 JU
OTHER FILINGS	REGISTRATIO	ON/QUALIFICATION	FILED
☐ Annual Report ☐ Fictitious Name	Foreign Limited Par Reinstateme Trademark Other		MIII 51
			MULGIA

CR2E031(7/97)

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

Pursuant to the provisions of sections (the undersigned corporation organized t			es,
submits the following statement in order			in
the State of Florida.			
1. The name of the corporation: Isis Cl	earwater, Inc.		
2. The mailing address of the corporation		et. Pensacola. Florida. 32501	
z. The maning address of the corporation	• •	<u> </u>	
3. Date of incorporation/qualification: 1	1/01/01	Document number: P01000105863	,
4. The name and address of the current r	egistered agent and of	fice:	
Scott J. Bell			
2 North Palafox Street		·	
Pensacola, Florida 325	01		
5. The name and address of the new regi	stered agent (if change . O. Box Not Acceptal	, , ,):
Sondra McCrory			
2 North Palafox Street			
Pensacola, Florida 325	01		
The street address of its registered officagent, as changed, will be identical.	e and the street addre	ss of the business office of its register	ed
Such change was authorized by resoluti authorized by the board.	on duly adopted by its	s board of directors or by an officer so	ı
		6/11/02	
(Signature of an officer, chairman or vice c	hairman of the board)	(Date)	
Scott J. Bell, President			
(Printed or typed name an Having been named as registered agent corporation, I hereby accept the appoin I further agree to comply with the provi performance of my duties, and I am fan registered agent.	t and to accept service tment as registered a sions of all statutes re	e of process for the above stated gent and agree to act in this capacity. Elative to the proper and complete the obligation of my position as	
South a Mach	04 0	6/11/02	
(Signature of Registered Agent)	X	(Date)	
If signing on behalf of an entity:	O		77
Sondra McCrory		Corporate Administrator	=
(Typed or Printed Name)		(Capacity)	FILED
* * *	FILING FEE: \$35.0	0*** ES =	:
CR2E045(9/00)		ORIE 5	i.
DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	_