P98000032665

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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PA Chungl 03-11-13



ACCOUNT NO. : I2000000195		
REFERENCE : 562494 4361720		
AUTHORIZATION: Spelle Man		
COST LIMIT : \$ 35.00		
ORDER DATE: March 7, 2013		
ORDER TIME : 9:18 AM		
ORDER NO. : 562494-005		
CUSTOMER NO: 4361720		
CHANGE OF AGENT		
NAME: AMERI-PLUS PREFERRED CARE, INC.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
AA PLAIN SIAMPED COPY		
CONTACT PERSON: Susie Knight EXT# 52956		
EXAMINER:		

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

statement of ch	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Florida
	ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Ameri-Plus Preferred Care, Inc.
2. The principal	d office address: 1001 Heathrow Park Lane, Suite 5001, Lake Mary, FL 32746
3. The mailing a	address (if different):
4. Date of incor	rporation/qualification: April 8, 1998 Document number: P98000032665
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Heather L. North
	2536 Countryside Blvd., Sixth Floor Clearwater, FL 34623
	Clearwater, FL 34623
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	P.O. Box NOT acceptable
	Tallahassee, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board for the corporation has been notified in writing of the change.
	Jason J. Israel
!	are of an officer or director Printed or typed name and title
I jurther agree to performance of agent. Or, if thi hereby confirms	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I what the corporation has been notified in writing of this change. In Service Company
By Le	nature of Registered Agent) Date
If signing on the Assistant Vio	hadhighth entity: ce President
	yped or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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