

S45116

Robert Nasow
P.O. #1 Box 4300
Lockport, NY
04255

700002915737--0
-06/25/99-01067-005
*****35.00 *****35.00

Office Use Only

CORPO _____ DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 JUL -8 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEWIS 8 1999

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 30, 1999

ROBERT NASON
1700 MEDICAL LANE
FORT MYERS, FL 33907

SUBJECT: RHCAN, INC.
Ref. Number: S45116

We have received your document for RHCAN, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An officer for the corporation must sign the document.

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) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 599A00034498

FOR [unclear]
99 JUL -8 PM 4:48
DIVISION OF CORPORATIONS

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 is: RHCAW, INC.

2. The mailing address of the corporation is: 1700 MEDICAL LANE
Fort Myers, FL 33907

3. Date of incorporation/qualification: 4-12-1991 Document number: S45110

4. The name and address of the current registered agent and office:

Robert Nason
2568 SW 28th Place
Cape Coral FL 33914

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CRAIG KING, E.A.
1700 Medical Lane
Fort Myers FL 33907

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Robert Nason, Pres.
(Signature of an officer, chairman or vice chairman of the board)

6-15-99
(Date)

Robert Nason, President
(Printed or typed name and title)

6-15-99
(Date)

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.

Craig King, EA
(Signature of Registered Agent)

6-15-99
(Date)

If signing on behalf of an entity:

Robert Nason
(Typed or Printed Name)

Pres.
(Capacity)

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