

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000120216 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

🖫 (850)205-0380

Account Name

: CORPORATE & CRIMINAL RESEARCH SERVICE

Account Number : 110450000714

Phone Fax Number

(850) 222-1173 : (850)224-1640



REGISTERED AGENT CHANGE

KENDALL HEALTH CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT FOR CORPORATION

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 and registered agent, in the State of Florida.

The name of the corporation is:

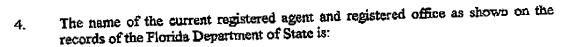
KENDALL HEALTH CARE, INC.

The mailing address of the corporation is:

11355 S.W. 84th Street Miami, Florida 33173

3. Date of incorporation/qualification: August 15, 1988

Document number: K30968



CORPCO, INC. 2699 South Bayshore Drive 7th Floor Miami. Florida 33133

The name and address of the new registered agent and registered office is:

JOSEPH I. ZUMPANO, ESQ. Ferrell Schultz Carter Zumpano & Fertel, P.A. 201 South Biscayne Blvd., 34th Floor Miami, FL 33131

The street address of the 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.

	12-6-01
(Signature of an officer, chairman or vice chairman of the board)	(Date)
(Printed or typed name and title)	
(Printed or types name and true)	

OI DEC 10 PH 3: 15
SECRETARY OF STATE
SECRETARY OF STATE

H01000120216

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 obligations of my position as registered agent.

(Signature of Begistered Agent)

10/6/