

436650

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Isadora.Harper@Agg.comREGISTERED AGENT CHANGE
HERLEE MANAGEMENT CO., INC.

Certificate of Status	0
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Page Count	02
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2009 DEC 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA*RA Change*

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1502, or 617.1506, 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: Harlee Management Co., Inc.
2. The principal office address: 1200 N. 35th Avenue
Hollywood, FL 33021
3. The mailing address (if different): 200 S. Orange Avenue, Suite 2300
Orlando, FL 32801
4. Date of incorporation/qualification: Sept. 21, 1973 Document number: 436850
5. 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)

A.G.C. Co.

200 S. Orange Avenue, Suite 2300

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

[Signature]
Signature of an officer or director

Phillip Kallen, M.D., Vice President

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]
Signature of Registered Agent

Marie Edwards Asst. Secretary

If signing on behalf of an entity:

12/22/2009

Date

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2R045 (3/95)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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