

686906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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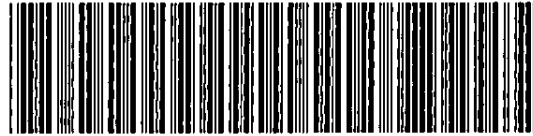
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 FEB 20 AM 11:51

FEB 20 2012

T. ROBERTS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 094403 7673999

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$35.00

ORDER DATE : February 13, 2012

ORDER TIME : 9:31 AM

ORDER NO. : 094403-006

CUSTOMER NO: 7673999

CHANGE OF AGENT

NAME: LAKE COUNTY HEARING CLINIC,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____

**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, 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: LAKE COUNTY HEARING CLINIC, INC.
2. The principal office address: 3210 Waterman Way, Tavares, FL 32778
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/01/1980 Document number: 686906

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

James M. Davenport

3210 Waterman Way

Tavares, FL 32778

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

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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.

Jana VanAntwerp
(Signature of an officer or director)

Jana VanAntwerp, Secretary
(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.

Corporation Service Company
[Signature]
(Signature of Registered Agent)

2-17-2012
(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP

(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

CR2E045 (8/05)

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