

Division of Corporations

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742949

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (85C) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
Phone : (85C) 222-1092
Fax Number : (85C) 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: _____

REGISTERED AGENT CHANGE
SUSANNA WESLEY HEALTH CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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SEP 5 2014

EXAMINER

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

14 SEP -4 AM 10:10

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: SUSANNA WESLEY HEALTH CENTER, INC.
- 2. The principal office address: 5345 WEST 18TH AVENUE
HIALEAH, FL 33012
- 3. The mailing address (if different): C/O CHANTAL FALBY
PO BOX 4369, HIALEAH, FL 33014
- 4. Date of incorporation/qualification: 06/05/1978 Document number: 742949
- 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)

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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

NRAI SERVICES, INC.
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

Madelyn S. Cozart Exec. Dir.
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

9/4/14
Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT
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
CR2RD43 (03/12)