

F0000000/252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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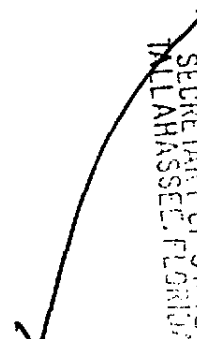
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05 SEP -6 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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August 31, 2005

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: SpectraCare, Inc.
SpectraCare of Atlanta, Inc.

Dear Sir or Madam:

Enclosed please find the two Statements of Change of Registered Office and Registered Agent for the above-named entities. I understand that the fee to file the Change of Agent will be \$35.00 therefore I have enclosed a check in the amount of \$70.00.

Once filed, please return final evidence to me at:

USRA
Catherine Botticelli
101 Main Street, Suite One
Tappan, NY 10983

If you should have any questions, or if I can assist in any way, please do not hesitate to call me at 1.888.664.6263.

Thank you.

Best Regards,


Catherine Botticelli

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 Kentucky in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SpectraCare of Atlanta, Inc.
2. The principal office address: 8601 Dunwoody Place, Suite 324
Atlanta, GA 30350
3. The mailing address (if different): 9000 Wessex Place, Ste., 100
Louisville, KY 40222
4. Date of incorporation/qualification: 3/7/2000 Document number: F00000001252
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33308

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4


(P.O. Box or personal mailbox NOT acceptable)

Weston, FL 33331

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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 of an officer or director)

James A. Keens, Assistant 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.

NRAI Services, Inc.

by: 

(Signature of Registered Agent)

8/23/05
(Date)

If signing on behalf of an entity:

Irene F. Lovett

(Typed or Printed Name)

Asst., Secy., of NRAI

(Capacity)

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

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