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.

Electronic Filing Cover Sheet

(((H10000239082 3)))



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

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

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195

: (850)521-1000

Phone Fax Number

: (850)558-1515

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 INVO HEALTHCARE ASSOCIATES, INC.

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

Electronic Filing Menu Corporate Filing Menu

Help

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

statement of cha	unge is submitted for a corporation c	7.0502, 6 07.1508, or 617.1508, Florida Statu organized under the laws of the State of <u>Penr</u> egistered agent, or both, in the State of Floric	nsylvania
1. The name of	the corporation: INVO HEALTH	CARE ASSOCIATES, INC.	
2. The principal	office address: 1780 Kendarbren	Dr., Jamison, PA 18929	
3. The mailing a	ddress (if different):		
4. Date of incorp	committee/postion in the committee of th	Document number: F050000058	359
	I street address of the current registe truent of State:	red agent and registered office on file with the	e
	NRAI Services, Inc.		
	2731 Executive Park Dr., Suite 4		7A 7
	Weston, FL 33331		ECR.
Weston, FL 33331 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			IV -2 ETARY HASSE
	Corporation Service Company		
	1201 Hays Street		LORA SE
	(P.O. Box NOT acce	prizble)	8F 57
	Tallahassee, FL 32301		12.5
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its reg	pistered agent,
Such change was authorized by the	as authorized by resolution duly ad ne board, of the corporation has been	opted by its board of directors or by an officen notified in writing of the change.	cer so
- Elina	a alla	Elizabeth A. Dawson, Attorney in	Fact
(Signation	र्ति वा ब्लेक्सिटिंस न गाल्यकः)	(Printed or typed name and little)	
I hereby accept I further agree to of my duties, an document is bei corporation has Corporation	the appointment as registered age to comply with the provisions of all of I am familiar with and accept the filled merely to reflect a change the been notified in writing of this change to Service Company	nt and agree to act in this capacity, is statutes relative to the proper and complet e obligation of my position as registered age in the registered office address, I hereby coange.	e performance ent. Or, if this infirm that the
By:	mature of liggistered Agent)	11/01/2010 (DHe)	
	half of an entity:	(Dew)	
Sylvia Queppe	·		
	yped 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)