National Registered Agents, Inc.

## VIA U.S. MAIL

February 19, 1997

**Division of Corporations** Florida Department of State P.O. Box 6327 Tallahassee FL 32314

RE: SECHRIST CLINICAL SERVICES, INC.

Dear Sir/Madam:

Enclosed for filing, please find the appropriate document required by your state for changing the registered agent to National Registered Agents, Inc. Also, please find a check in the amount of \$35.00 to cover your filing fees.

Please process as soon as possible and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Vicki R. Stump **Client Specialist** 

**Enclosures** 

ASSEE, FLORIDA

## Florida Department of State, Jim Smith, Secretary of State

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

Florida Statutes, the undersigned corporation organized under the laws of the State of pelaware submits the following statement in order to change its registered office	
or registered agent, or both, in the Stat	te Florida.
1a. The name of the corporation is:	inical Services, Inc.
Securist Ci	inical Services, Inc.
1b. Date of incorporation: 05-25-94	Document number F94000002741
2. The name and address of the curre The Prentice-Hall Corporation Sys	int registered agent and office:
1201 Hays Street, Suite 105, Tall	ahassee, Florida 32301
3. The name and address of the new r (P.O. Box Not Acceptable NRAI Services, Inc.	
MAN SELVICES, INC.	- <u>SS. 75 11</u>
526 East Park Avenue, Tallahassee, Florida 3230	
of its registered agent as changed will to Such change was authorized by resolut an officer so authorized by the board.	nt and the street address of the business office be identical.  ion duly adopted by its board of directors or by  Scott J. Bryars, Secretary
SIGNATURE February 3 1997 DATE	Typed or printed name and title
PROCESS FOR THE ABOVE STATED OF IN THIS CERTIFICATE, I HEREBY ACCIONS AGENT AND AGREE TO ACT IN THIS OWITH THE PROVISIONS OF ALL STAT PLETE PERFORMANCE OF MY DUTIES THE OBLIGATION OF MY POSITION AS	D AGENT AND TO ACCEPT SERVICE OF CORPORATION AT THE PLACE DESIGNATED EPT THE APPOINTMENT AS REGISTERED CAPACITY. I FURTHER AGREE TO COMPLY UTES RELATIVE TO THE PROPER AND COMBO, AND I AM FAMILIAR WITH AND ACCEPT S REGISTERED AGENT.  NRAI Services, Inc.  SIGNATURE By:  Dennis Howarth (Registered Agent) President DATE  2/2 47

CR2E045 (7-91)

FILING FEE: \$35.00