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I ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 579079 4352310

AUTHORIZATION :

COST LIMIT : \$ 05.00

ORDER DATE: January 14, 2019

ORDER TIME : 11:56 AM

ORDER NO. : 579079-070

CUSTOMER NO: 4352310

CHANGE OF AGENT

NAME: HEALTHDRIVE CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections to nge is submitted for a c r to change its register	corporation organ	nized under th	e laws of	the State of	Delawa		-
1. The name of t	he corporation: HEALT	THDRIVE CORPO	ORATION .					
2. The principal	office address: 888 Wo	orcester Street Su	uite 130 Welle	elsey, MA	02482			
3. The mailing a	ddress (if different):_88	38 Worcester Stre	eet Suite 130	Wellelse	y, MA 02482	?		
4. Date of incorp	poration/qualification:	08/30/1994	Docum	ent numb	per:F94000	004494	<u>.</u> .	
	street address of the c truent of State: (If resig	-	-	stered off	fice on file w	rith the		
	Jeffrey Morer, LO.D.					ESS.	201	
	6338-57 Lantana Rd.						9].	1
	Lake Worth,		·	FL 334	63		2019 JAN 29	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): Corporation Service Company						ffice"	81 :6 HV	
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·				•		
		P.O. Box NO	T acceptable			•		
	Tallahassee			FL 323	01	=		
The street address changed will	ess of its registered off be identical.	ice and the street	address of the	e busines	ss office of i	ts registe	ered age	nt,
Such change was authorized by th	is authorized by resolute board, or the corpor	ntion duly adopted ation has been no	d by its board Stified in writi	of direct ng of the	ors or by an change.	officer s	50	
Sumatu	re of an officer or director		Geanco		Idilla	CFO		_
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as re to comply with the pro my duties, and I am fa is document is being fi that the corporation h on Service Compan	visions of all stat uniliar with and d iled merely to ref as been notified i	nd agree to ac	t in this d	ranacity		istered iss, I	-
If signing on be		oxanne Turner t. Vice Preside	nt	•	Dait			
τ	yped or Printed Name				•			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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