F96000005340

Southern Health Network
8525 NW 53rd Terrace
Doral, Florida 33166

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2007

FIRST FINANCIAL CARIBBEAN USA INC.
8525 NW 53RD TERR, SUITE 114
DORAL, FL 33166

SUBJECT: FIRST FINANCIAL CARIBBEAN USA, INC.
Ref. Number: F96000005340

We have received your document for FIRST FINANCIAL CARIBBEAN USA, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the name of the entity that will be the new registered agent to be consistant to what is on record. Also, please print the name of the individual signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 607A00053160

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

1. The name of the corporation: FIRST FINANCIAL CARIBBEAN USA INC.

2. The principal office address: 155 NORTH DEAN STREET, ENGLEWOOD NJ. 07631

3. The mailing address (if different): 8525 N.W. 53RD TERRACE Suite 114 DORAL 33166

4. Date of incorporation/qualification: 10/15/1996 Document number: F96000005340

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CARL SANTANGELO ESQ.
3000 N. FEDERAL HIGHWAY
SUITE 200 FORT LAUDERDALE
FL. 33306

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TALLAHASSEE, FLORIDA

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

SOUTHERN HEALTH NETWORK, INC.
8525 N.W. 53rd TERRACE
(P.O. Box NOT acceptable)
SUITE 114, DORAL 33166

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) JERRY HOWELL/CHAIRMAN (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 of Registered Agent) 8/13/07 (Date)

If signing on behalf of an entity:

(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

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