F98000006228

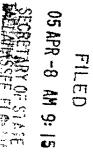
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
		•
PICK-UP	☐ WAIT	MAIL
	siness Entity Nam	
(Dus	eness chury wan	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Eiling Officer	
Opecial madacitons to i	ming Cincer.	[
		{
		{
		ł
		}
<u> </u>		

Office Use Only



500050001415

04/08/05--01010--024 **35.00



C. Coullette APR 1 5 2005

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

-	provisions of sections 607.0502, 617.0502, 60		•
=	tted for a corporation organized under the law		in order
tò change its reg	sistered office or registered agent, or both, in t	the State of Florida.	
1. The name of t	he corporation: Ramsay Treatment Service	es, Inc.	<u> </u>
2. The principal	office address: 113 Seaborad Lane, Suite C	C100, Franklin, TN 37067	·
	<u> </u>		
3. The mailing a	ddress (if different):	and and an arranged the second of the secon	
		Ne	
4. Date of incorp	ooration/qualification: 11/12/98	Document number: F98000006228	3
	I street address of the current registered agent treent of State:	and registered office on file with the	
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301-2525		DS APR
6. The name and (if changed):	I street address of the new registered agent (if	changed) and /or registered office	-8 -8
V .	NRAI Services, Inc.	·	FS S
	2731 Executive Park Drive, Suite 4		5
	(P.O. Box or personal mailbo	ox NOT acceptable)	_
	Weston, FL 33331	<u> </u>	<u> </u>
The street addre	ess of its registered office and the street additional.	ress of the business office of its regis	stered agent, as
Such change wa	as authorized by resolution duly adopted by e corporation has been notified in writing of	its board of directors or by an office the change.	er so authorized by
(White and the second	- JACK POLSON VF	·
	Signature of an officer or director)	(Printed or typed name an	d title)
I further agree duties, and I an being filed mer been notified in	The appointment as registered agent and ag to comply with the provisions of all statutes in familiar with and accept the obligation of the ely to reflect a change in the registered office writing of this change.	gree to act in this capacity. relative to the proper and complete my position as registered agent. Or re address, I hereby confirm that the	performance of my , if this document is corporation has
NRA/Services	(Signature of Registered Agent)	4/7/05 (Date)	
If signing on be	chalf of an entity:	· ·	
Maggie Ferdir	•	- Anat Sour	
Maggie recom	(Typed or Printed Name)	Asst Secy (Capacity)	