Requester's Name Address City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	(Document #)				
2	(Corporation Name)	(Document #)				
3	(Corporation Name)	RODO33404981 (Document #)				
4.	(Corporation Name)	(Document #)				
<u>I</u>	Walk in Pick up time Mail out Will wait NEW FILINGS	Certified Copy Photocopy Certificate of Status AMENDMENTS				
[[[]	Profit Not for Profit Limited Liability Domestication Other	 □ Amendment □ Resignation of R.A., Officer/Director □ Change of Registered Agent □ Dissolution/Withdrawal □ Merger 				
9	OTHER FILINGS	REGISTRATION/QUALIFICATION				
	☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other				

Examiner's Initials

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

	e provisions of sections 6 d corporation organized u				
	lowing statement in order	to change its i	registered office	e or registered	l agent, or both, in
the State of Flo		Palma Coi	ia Modical	Clinia I	-na
1. The name of	the corporation is:	Palma Cer	ta medicai	CITHIC, 1	.nc.
2. The mailing	address of the corporation				
,		·····	mere, FL		
3. Date of inco	orporation/qualification:	5/2/85	Docum	ent number:_	Н54868
4. The name an	ad address of the current re	egistered agent	and office:		
	Donald R. Di	izney		 .	
	603 Main St	•			00
	Windermere,			 	
5. The name an	nd address of the new regis	stered agent and	d office: (P. O.	Box Not Acce	1 ' 1
	Kevin Barkı	nan _			
	603 Main St	•	<u></u>		9: 20 STATI LORNI
	Windermere,			<u> </u>	D _A
The street addragent, as chang	ress of its registered office ged, will be identical.	e and the street	address of the	business offic	e of its registered
Such change w	as authorized by resolution he board	on duly adopte	d by its board o	of directors or	by an officer so
authorized by t	ine board.	~~			3/00
(Signature	of an officer, chairman or vide cl	hairman of the boar	d)	(Dai	
Donald	R. Dizney, Secret	tard			
Donard	(Printed or typed name and	d title)			* -
Having been not corporation, I is I further agree performance of registered ager	amed as registered agent hereby accept the appoin to comply with the brovi f my duties, and I amyfam at.	tment as regist sions of all statitities with and the same of the	erea agent and tutes relative to accept the oblig	ess for the abo Lagree to act i o the proper ar gation of my p	nve stated in this capacity. id complete osition as
x 19th	Signature of Registered Agent)	Jein	Borleman	- 6/2 (Date)	3/00
If signing on beha	()			(~~~)	
	(Typed or Printed Name)			(Capacity)	
(Typed of Timed Name)			(Cupuon)	
	* * * 1	ETT TATO DESERT	\$25 AA * * *		

CR2E045(7/97)

DIVISION OF CORPORATIONS P.O. Box 6327

TALLAHASSEE, FL 32314