## H 63188

2536 Country! Clearwa	R L. DOUDNA  brace at Law side Blvd. Sixth Floor ter, Florida 33763  VAME(S) & DOCUMENT NUM	Office Use Only VBER(S), (if known):	
2. (Corpo	pration Name) (D	occument #)	dg APR 30 PH 4: 3:
Walk in	Pick up time  Will wait  Photocopy  AMENDMENTS		 occ>4
Profit NonProfit Limited Liability Domestication Other	Amendment  Resignation of R.A., Officer/ Dir  Change of Registered Agent  Dissolution/Withdrawal		01097003_
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION  Foreign Limited Partnership	ROAllerse =	<del></del>
	Reinstatement Trademark Other	Examiner's Initials	

CR2E031(1/95)

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Ameri-Life and Health Services of Sara-Bay, Inc.

officer so authorized by the Board.

1a. Date of incorporation: 6/21/85 Document Number: H63188	=-	. 44	
2. The name and address of the current registered agent and office:  HEATHER DOUDNA  2536 Countryside Blvd.  Clearwater, Florida 34623	LLAHASSE	99 APR 30	
3. The name and address of the new registered agent and office:  R. Maury Thornton  2536 Countryside Blvd., Sixth Floor Clearwater, Florida 33763		PM 4:37	
The street address of its registered agent and the street address of the busine registered agent, as changed, will be identical.  Such change was authorized by resolution duly adopted by its board of directions.	.=		

R Marin-

Title:

Date

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

Name:

Date