

H 81638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

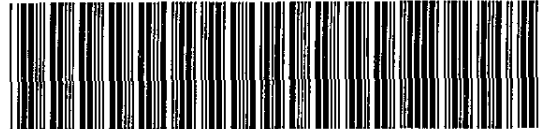
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/01/03--01043--013 \*\*43.75

RECEIVED  
03 AUG - 1 PM 1:57  
DIVISION OF CONSUMER PROTECTION  
TALLAHASSEE, FLORIDA  
FILED  
03 AUG - 1 PM 3:30  
SECRETARY OF STATE

C. Coulllette AUG 01 2003

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Tricia Tadlock  
DATE: 8.1.03  
REF. #: 1015.18243  
CORP. NAME: Brevard hearing  
Clinic Inc.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |

☒ OTHER: Change of Agent

STATE FEES PREPAID WITH CHECK# 505855 FOR \$ 43.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED AGENT/OFFICE  
FOR  
BREVARD LEARNING CLINIC, INC.**


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

1. The name of the Corporation is: Brevard Learning Clinic, Inc.
2. The principal office address is: 1321 Murfreesboro Road, Suite 702, Nashville, Tennessee 37217.
3. The mailing address is: Same
4. The date of incorporation is: October 21, 1985, and the document number is H81638.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State is:  
  
Patrick F. Healy  
1800 W. Hibiscus Boulevard  
Melbourne, Florida 32901
6. The name and street address of the new registered agent and registered office is:  
  
National Registered Agents, Inc.  
26 E. Park Avenue  
Tallahassee, Florida 32301
7. The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by the board of directors or by an office so authorized by the board, or the corporation has been notified in writing of the change.

IN WITNESS WHEREOF, the undersigned has executed the foregoing Statement of Change of Registered Agent/Office on this 1st day of August, 2003.

BREVARD LEARNING CLINIC, INC.

By:   
Name: MARK CLAYTON  
Title: PRESIDENT

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.

Jeff Higdon  
Signature of Registered Agent

7-31-03  
Date

If signing on behalf of any entity:

National Registered Agents, Inc.  
Typed or Printed Name

Special Assistant Secretary  
Capacity