K1182	3
Professional Association of Health Requester's Name	
11977 Conway Street	
Spring Hill, FL 34609 City/State/Zip Phone #	
	Office VIve Only

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

1.	
(Corporation Name)	(Document#) 5000036218956 -05/28/0201071016 *****35.00 *****35.00
(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Amendment Resignation of R.A., Officer/Director
OTHER FILINGS	REGISTRATION/QUALIFICATION 200 200 200 200 200 200 200 200 200 20
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials Ol 43

CR2E031(7/97)

## 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,
the undersigned corporation organized under the laws of the State of FLORID A
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: Tropusonal altouration of balth care
office Maragement, Inc.
1. The name of the corporation: Professional association of Wealth care  office Marrogamont, Inc.  2. The mailing address of the corporation: 11977 CONIMAY 87.
Spring Hell 7-L 34609
3. Date of incorporation/qualification: 1/12/89 Document number: K 1/823
4. The name and address of the current registered agent and office:
Richard Blanchette
10377 Mc arthur Lane
Peneacola, FL 32534
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
Richard Blanchette
11977 CONWAY ST.
SPRING HILL, FL 34609
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.
Richard Blanclette 5/23/02
(Signature of an officer, chairman or vice chairman of the board) (Date)
RICHARD BLANCHETTE PSTD  (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Nebad Blanchello 3/73/02 = =
(Signature of Registered Agent) (Date)
(Typed or Printed Name) (Capacity) (Capacity) (Capacity) (Capacity)
* * * FILL TAIC FORE . * * * * THE TAIC FORE . * * * * * THE TAIC FORE . * * * * * * * * * * * * * * * * * *
*** FILING FEE: \$35.00 ***

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314