Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

REGISTERED AGENT CHANGE

OHS, INC.

	AH 8: 00	OF STATE E.FLORID/
RECE	.007 DEC -3	SECRETARY ALLAHASSEI

Certificate of Status	0
Certified Copy	0
Page Count	02
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12/3/2007

Athan

https://efile.sunbiz.org/scripts/efilcovr.exe

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

statement of ch	provisions of sections 607.0302, 617.030 unge is submitted for a corporation organ	nized under the laws of the State of $\overline{ ext{Flo}}$	rida	
	er to change its registered office or register the corporation: OHS, INC.	erea agent, or boun, in the state of x tori	<i>aa.</i>	
2. The principal	office address: 5775 NW Blue La	goon Drive., Suite 400 Miami	FL 33126	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 06/07/1990	Document number: L79281		
5. The name and	I street address of the current registered a		ASK 93	
	C T Corporation System		CRET	-7
	1200 South Pine Island Road		C-3 F	Control Section
	Plantation, FL 33324		B PM SEE-	
6. The name and (if changed):	i street address of the new registered agen	•	4 3: 56 IF STATE FLORID	C
	1201 Hays Street			
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street addre	ss of its registered office and the street a be identical.	address of the business office of its reg	istered agent,	
	s authorized by resolution duly adopted e board, or the corporation has been not			
ores o.	Winship or director)	Joan O. Lenahan, V.P. & Sec	xetary	
hereby accept further agree to further acceptance to further acceptan	the appointment as registered agent and of comply with the provisions of all statu if I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. ion Service Company M. G. C. Company	(Printed or typed name and title) I agree to act in this capacity. Ites relative to the proper and complete gation of my position as registered age i registered office address, I hereby col	e performance tht. Or, if this hirm that the	
f signing on bel	alf of an entity:			
	Asst. Secretary		•	
(1)	* * * FILING FER	<u>:</u> \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSER, FL 32314
CR2E045 (8/05)