

HEATHER L. DOUDNA
Attorney at Law
2536 Countryside Blvd. • Sixth Floor
Clearwater, Florida 33763

CO ~~SECTION NAME(S)~~ & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (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	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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-04/30/99--01097--017
*****35.00 *****35.00

ROA 10/10/99
5-5-99
DMS

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 the Atlantic Coast, Inc.

1a. Date of incorporation: 7/11/90 Document Number: L86544

2. The name and address of the current registered agent and office:


HEATHER DOUDNA
2536 Countryside Blvd.
Clearwater, Florida 34623

3. The name and address of the new registered agent and office:

R. Maury Thornton
2536 Countryside Blvd., Sixth Floor
Clearwater, Florida 33763

The street address of its registered agent and the street address of the business office of its registered agent, as changed, will be identical.

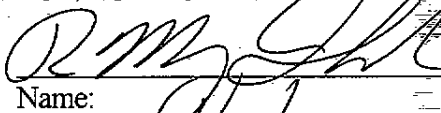
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the Board.



R. Maury Thornton Treasurer
By:
Title:

4/23/99
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:

4/23/99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 30 PM 4:39

FILED