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C( NUMBER(S), (if known):  1	2536 Countryside Blvd. 53763 Clearwater, Florida 33763			Office Use Only			
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 Amendment Sesignation of R.A., Officer/ Director  Limited Liability Domestication Other Merger  OTHER FILINGS Annual Report Fictitious Name    Corporation Name   Corporation Nam	C(	· ,	NUMBE	R(S), (if knov	vn <u>):</u>	*	
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Other		Other					

Examiner's Initials

## 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 cor	poration is: A	meri-Life and	l Health Service	es of Port Richey,	Inc.
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la.	Date of incorporation: 5/18/88 Document Number: M81589	- ; === 		
2.	The name and address of the current registered agent and office:  HEATHER L. DOUDNA  2536 Countryside Blvd.		99 APR 3	
3.	Clearwater, Florida 34623  The name and address of the new registered agent and office:	SSEC SSEC	00 P	
	R. Maury Thornton 2536 Countryside Blvd., Sixth Floor Clearwater, Florida 33763	FLORIC	վ կ <b>։</b> 38	
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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.

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