

NO3000002093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

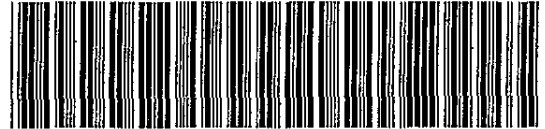
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900039774609

08/09/04--01027--013 \*\*35.00

FILED  
04 AUG -9 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FAMILY HEALTH COUNSELING CENTER INC  
(Name of corporation)

DOCUMENT NUMBER: NO3000002093

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK SHEEHAN  
(Name of contact person)

FAMILY HEALTH COUNSELING CENTER  
(Firm/Company)

2677 FOREST HILL BLVD  
(Address) STE 102

WPA FLA 33406  
(City/state and zip code)

For further information concerning this matter, please call:

MARK SHEEHAN at (561) 433-0123  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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, 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: Family Health Counseling Center
2. The principal office address: 2677 FOREST HILL BLVD STE 102  
WPB FLA 33406
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2003 Document number: N03060002093
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Darlene Silvernail

2677 Forest Hill Blvd.

West Palm Beach, FL 33406

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mark Sheehan

2765 10th AVE NO Lot 3

(P.O. Box NOT acceptable)

LAKE WORTH FLA 33461

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, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

Darlene Silvernail  
MARK SHEEHAN  
(Printed or typed name and title)

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.

[Signature]  
(Signature of Registered Agent)

8-4-04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
04 AUG -9 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA