

NA300000 2784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

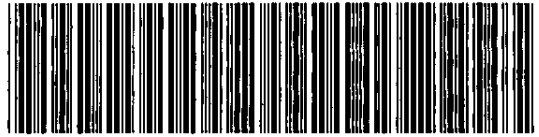
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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AND
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Handwritten signature/initials

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& THOMISON P.A.
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SARASOTA CITY CENTER
1819 MAIN STREET, SUITE 1110
SARASOTA, FL 34236
(941) 364-8787
(941) 361-3023 FAX

November 9, 2009

Mr. Clenton Taylor
The Brevard Health Alliance, Inc.
5270 Babcock Street NE, Suite 1
Palm Bay, FL 32905

RE: Change of Address for Registered Agent

Dear Mr. Taylor:

We have recently moved our offices to 1819 Main Street, Suite 1110, Sarasota, Florida 34236. We are writing to inform you that we are required to change our address as Registered Agent for your company/corporation with the Florida Department of State. I am attaching a form which needs to be completed and signed by an officer/member and a filing fee in the amount of \$35.00 made payable to the Florida Department of State is required for this change. Upon receipt of the attached form and check to the Florida Department of State, we will execute the acceptance as appointment as registered agent where indicated and forward same to the State for filing.

If you would like to change the Registered Agent and address to someone else, you will still need to complete the same form and pay the above reference filing fee. If you have any questions, please do not hesitate to call.

Very truly yours,

WALTERS LEVINE
KLINGENSMITH & THOMISON, P.A.



JAMES E. THOMISON

JET/dkr

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Brevard Health Alliance, Inc.
Name of Corporation

DOCUMENT NUMBER: N03000002784

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:

Clenton Taylor
Name of Contact Person

The Brevard Health Alliance, Inc.
Firm/Company

5270 Babcock Street NE, Suite 1
Address

Palm Bay, FL 32905
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clenton Taylor at ()
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: The Brevard Health Alliance, Inc.
2. The principal office address: 5270 Babcock Street NE, Suite 1, Palm Bay, FL 32905
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/01/2003 Document number: N03000002784
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James E. Thomison
1515 Ringling Blvd., Suite 900
Sarasota, FL 34236


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

1819 Main Street, Suite 1110
P.O. Box NOT acceptable
Sarasota, FL 34236

APPROVED
AND
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TALLAHASSEE, FLORIDA

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 of an officer or director

Lisa Currie
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 of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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