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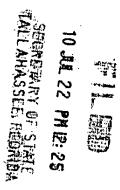
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C.COULLIETTE

JUL 2 2 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The A DULT CYSTIC FIBROSIS CENTER of JACKSONVILL	. E
DOCUMENT NUMBER: NO600000159	
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:	'n
Lonni Wetmore RN. MS Name of Contact Person	
The Adult Cysho Tiprosis Center of Vackson VIlle	
LaVilla Medical Bldg Suite 202, 425 N. Lee Street	
Jacksonville, Florida 32204 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	٠
For further information concerning this matter, please call: A one of Contact Person at (904 366-3738 x 208 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 Adult Cyshc Fibrosis Center of Jacksonville
2. The principal office address: (aVIII a Hechcal Building Suite 202, 425 NLee
Street, Jacksonville, Florida 32204
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/05/06 Document number: N0600000159
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)
Fisher, Tousey, Leas & Bay
501 Riverside Avenue Suite 600 ===
Jacksonville, Florida 32202
6. The name and street address of the new registered agent (if changed) and /or registered office? Some first changed): A Wetmore RN, US Some Street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registered office? Some street address of the new registered agent (if changed) and /or registe
Jacksonville, Florida 32204
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 Mutcheus Kothstein MD Printed or typed name and little
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.
Ami du num 07-19-2010 Signature of Hygistered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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