		•	
C T CORPORATION SYSTEM			
questor's Name 660 East Jefferson Stre dress Tallahassee, FL 32301 y State Zip		1000030 -10/28/9 ******35	3901023-025
CORPORATI	ION(S) NAME		•
ommunity Health (Care Foundation	, Inc. RA Cha	aze
		ααλίμα. παλαγία παραγία	
		nan an	۵۰۰ هـ <u>مربعه</u> ۱۹۹۰ م. ۱۹۹۰ م. ۱۹۹۰ م.
) Profit) NonProfit) Limited Liability Compa) Foreign	() Amendme	الــــــــــــــــــــــــــــــــــــ	99 DCT 28
) Limited Partnership) Reinstatement) Limited Liability Part) Certified Copy	() Annual Re () Reservation mership () Photo Cop		er ⊋ Enge con R.A. Entriews Name S
() Call When Ready Waik In () Mail Out	() Call if Pro () Will Wait	olem () Afte Pic	er 4:30 k Up
Name	0-28	PLEASE RETURN FILE SP	S) RECEIVED

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, the undersigned corporation organized under the laws of the State of <u>Florida</u> 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: Community Health Care Foundation, Inc.

2. The mailing address of the corporation is: 5500 39th Street, Groves, Texas 77619

3. Date of incorporation/qualification: 01/17/1990 Document number: N36121	سبريد
4. The name and address of the current registered agent and office:	
Dan Carter	
International Trading Group, 440 Livingston Rd.	
Naples, FL 34109	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
C T Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	ж. I.
	a
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Steve Verret, Chairman (Printed or typed name and title)	r . "
Having been named as registered agent and to accept service of process for the above stated corporation, 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.	
(Signature of Registered Agent) (Date)	<u>-</u>
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity: Special Assistant Secretary	
(Typed or Printed Name) (Capacity)	in an dirimdalama
* * * FILING FEE: \$35.00 * * *	
CR2E045(7/97)	
DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314	