

N44189

Requester's Name

**North West
Quadrant**



Community Health
Center, Inc.

5375 Vernon Road • Jacksonville, Florida 32209

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #) 700003465007---0
-11/15/00--01111--002
2. _____
(Corporation Name) (Document #) *****35.00 *****35.00
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
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.1508, or 617.1508, 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 corporation is: JACKSONVILLE COMMUNITY HEALTH CENTER, INC.
2. The mailing address of the corporation is: 5375 Vernon Road, Jacksonville, FL 32209
3. Date of incorporation/qualification: July 5, 1991 Document Number: N44189
4. The name and address of the current registered agent and office:

Barbara Johnston, Martin, Ade, Birchfield & Mickler, P.A.
One Independent Drive, Suite 3000
Jacksonville, FL 32202

5. The name and address of the new registered agent and office: (P.O. Box **Not** Acceptable)

Mr. Isiah J. Williams, III
8905 Castle Blvd.
Jacksonville, Florida 32208

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.

JACKSONVILLE COMMUNITY HEALTH CENTER, INC.

By Isiah J. Williams, III
Isiah J. Williams, III, President

Dated: 11/6/2000

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.

Isiah J. Williams, III
Print: Isiah J. Williams, III

Dated: 11/6/2000

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