

N48694

Requester's Name

FILED  
02 FEB -8 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



deHOERNLE ALZHEIMER'S PAVILLION  
A Not For Profit Corporation  
ASSISTED LIVING • DAY CARE • RESPITE

325 Northwest 2nd Avenue  
Deerfield Beach, Florida 33441

Office Use Only

RA  
Change

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

1. \_\_\_\_\_  
(Corporation Name) (Document #) 700004896477--2  
-02/08/02--01049--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_  
(Corporation Name) (Document #)
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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

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

Examiner's Initials

2/12/02

**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 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 : Count & Countess deHoernle Alzheimer's Pavilion, Inc.

2. The mailing address of the corporation : 325 N.W 2nd Ave  
Deerfield Beach FL 33441

3. Date of incorporation/qualification: 5/1/92 Document number: N48694

4. The name and address of the current registered agent and office:

Ploucha, LM. Esq.  
c/o Atkinson, Miner, Stone & Mankuta P.A.  
1946 Tyler St - Hollywood FL 33020

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

Stephen Cyren, Esq.  
825 Arthur Godfrey Road  
Miami FL 33140

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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.

David Farkas  
(Signature of an officer, chairman or vice chairman of the board)

1/15/02  
(Date)

DAVID FARKAS President & Chairman of Board  
(Printed or typed name and title)

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.

Stephen N. Cyren  
(Signature of Registered Agent)

2/4/02  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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