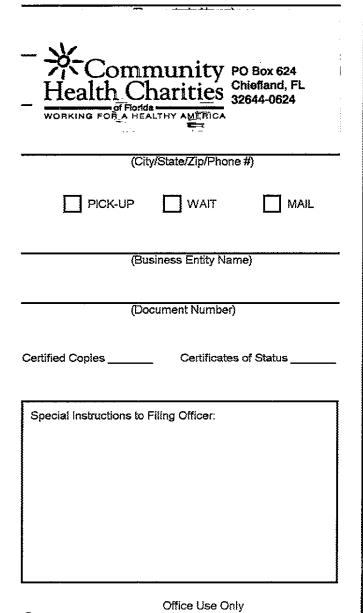
## N93000002149





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## 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 FLORIOA
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: Community Heart CHARITES OF FLORIDA, 1
2. The mailing address of the corporation: PO BOX 6024   4351 NW 32 Place
CHIEFLAND, PL 32644
3. Date of incorporation/qualification: 6 18 93 Document number: N930000 274
4. The name and address of the current registered agent and registered office:
DAVIOCIGHNSON
PO BOX SS127/1113 45 AVE HE
ST Pele, FC 33732
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
GWEN COOPER PE ST
Digarray 1 days and a see 55 5
POBOX 624 / 4351 NW 322 PLACE ME TO
Chiepland, Pl 32644 By
The street address of its registered office and the street address of the business office of the 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.
10-14-03
(Signature of an officer, chairman or vice chairman of the board) (Date)
ALFRED MASSIDAS BOARD CHAVE (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.
Twa 600 10-14-03
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Community Healt CHIRITES Prosinent CED  (Typod or Printed Name) (Capacity)
(Onlymose))

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