## N93000002753

Address

City/State/Zip Phone #

Office Use Only

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

1.	
(Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #)
_	7000033206874
(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	<u>AMENDMENTS</u>
Profit - KH 3/06	Amendment
Not for Profit	Resignation of R.A., Officer/Director
☐ Limited Liability ☐ Domestication	☐ Change of Registered Agent☐ Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
-	
☐ Annual Report☐ Fictitious Name	Foreign Limited Partnership
- 1 londous Ivaine	Reinstatement
	☐ Trademark
	Other

Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLORIDE
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: GOVERNMENT CENTER HEALTH SERVICES, FNC.
2. The mailing address of the corporation is: 4300 ALTON ROAD
MIAMI BEACH, FL 33140
3. Date of incorporation/qualification: $\frac{6/19/93}{93}$ Document number: $\frac{893000002753}{93000002753}$
4. The name and address of the current registered agent and office:
ALYSON R. OSMAN ====================================
4300 ALTON ROAD
MIAMI BEACH, FL 33140
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
PRISCILLA FRIEDLAND FO 9 0
4300 ALTON ROAS 3
MIAMI BEACH FL 33140
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.
m 1 1 (1)
(Signature of an officer, chairman or vice chairman of the board) (Date)
M. BROOKS TURKEL, SKUP
(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.  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
(Typed or Printed Name) EXECUTIVE ASSISTANT (Capacity)

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