

N93000004631

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A. Change

TB

7-3-08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Treasure Coast Community Health, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N93000004631

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig M. Rappel, Esq.  
(Name of Contact Person)

Rappel Health Law Group PL  
(Firm/Company)

1515 Indian River Boulevard, Suite A-210  
(Address)

Vero Beach, FL 32960  
(City/State and Zip Code)

For further information concerning this matter, please call:

Craig M. Rappel, Esq. at ( 772 ) 778-8885  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Treasure Coast Community Health, Inc.
2. The principal office address: 12196 CR 512  
Fellsmere, FL 32948 US
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/08/1993 Document number: N93000004631
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William Petit

6448 NW Foxglove Street

Port Saint Lucie, FL 34986 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Craig M. Rappel, Esq.

1515 Indian River Boulevard, Suite A-210


(P.O. Box NOT acceptable)

Vero Beach, FL 32960

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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, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
(Signature of an officer or director)

Robert Rappel, Chairman of the Board  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
(Signature of Registered Agent)

06-30-2008  
(Date)

If signing on behalf of an entity:

CRAIG M. RAPPEL  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)