N93000005174

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J.A.D. & ASSOCIATES, INC
(Name of corporation)

DOCUMENT NUMBER: P04000152325

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:

JEFFREY A DRUGATZ
(Name of contact person)

J.A.D. & ASSOCIATES, INC
(Firm/Company)

9001 SW 158TH STREET
(Address)

MIAMI, FL 33157
(City/state and zip code)

For further information concerning this matter, please call:

JEFFREY A DRUGATZ at (305) 255-2005
(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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(6/04)

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: J.A.D. & ASSOCIATES, INC.
2. The principal office address: 9001 SW 158TH STREET
   MIAMI, FL 33157
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/08/2004 Document number: P04000152325
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   JEFFREY A DRUGATZ SR.
   15835 SW 90TH AVE
   MIAMI, FL 33157

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

   JEFFREY A DRUGATZ SR.
   9001 SW158TH ST
   (P.O. Box NOT acceptable)
   MIAMI, FL. 33157

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TALLAHASSEE, FLORIDA

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) JEFFREY A DRUGATZ SR., PRESIDENT
(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) (Date)

If signing on behalf of an entity:

JEFFREY A DRUGATZ, SR.
(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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Hospital Healthcare System, Inc.
(Name of corporation)

DOCUMENT NUMBER: N93000005174

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:

Sarah Feb - Legal Department
(Name of contact person)

Adventist Health System
(Firm/Company)

111 North Orlando Avenue
(Address)

Winter Park, Florida 32789
(City/state and zip code)

For further information concerning this matter, please call:

Sarah Feb at (407) 975-1494
(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
409 E. Gaines Street
Tallahassee, FL 32399

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: Florida Hospital Healthcare System, Inc.

2. The principal office address: 602 Courtland Street, Suite 162, Orlando, Florida 32804 (U.S.A.)

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 11/10/1993 Document number: N93000005174

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

T. L. Trimble

111 Orlando Ave.

Winter Park, FL 32789

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

T. L. Trimble

111 North Orlando Avenue

(P.O. Box NOT acceptable)

Winter Park, FL 32789

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TALLAHASSEE, FLORIDA

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) (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) 9/1/05 (Date)

If signing on behalf of an entity:

T. L. Trimble
(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