N9600000009

Dewey Knight Health Center, Inc. 1175 N.E. 125th Street, Suite #417 North Miami, Florida 33161

Office Use Only

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

1.									
(Corporation Name)				(Document #)		-		·	-
2.	(Co	rporation Name)	<u>. </u>	(Document #)				الساد المادا	A P. * ·
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4.	(Co	orporation Name)		(Document #)		कक्कक	**55.00	**************************************	.00
т.	(Co	orporation Name)	, .	(Document #)				•	• • •
	☐ Walk in	Pick up time _		·		Certified (Сору		
	☐ Mail out	Will wait		Photocopy		Certificate	of Stati	us	
NEW FILINGS Profit New for Profit			AMENDMENTS Amendment Resignation of R.A., Officer/Director						
Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name				Change of Regi Dissolution/Wi Merger	istered A ithdrawa	Agent d	RETARY OF AHASSEE,	FILED JUL 18 PM	
			<u>RE</u>	REGISTRATION/QUALIFICATION					
				Foreign Limited Partne Reinstatement Trademark Other	50				

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to t	he provisions of sections 607.0.	502, 617.0502, 60	7.1508, or 617.1508, Florida Statu	ites	•
the undersign	ed corporation organized under	the laws of the Sta	te of Florida	•	
submits the fo	llowing statement in order to ch	ange its registered	d office or registered agent, or both	in	
the State of Fl	orida.	o o	so the second agent, or both	, 1/1	-
1. The name o	f the corporation is:	Knight Health (lenter, Inc.		
			, , , , , , , , , , , , , , , , , , ,	***	1 ₂₀
2 7		· E > ·	<u>= % </u>		ξ₹ <u></u>
2. the mailing	address of the corporation is:	1175 NE 125 St	reet, Suite 417	<u> </u>	
		North Miami, F	L_33161		<u> </u>
3. Date of inco	orporation/qualification:11/2	1/96D	ocument number: <u>N9600000600</u>	9	=_
4. The name ar	nd address of the current register	ed agent and office	::		
			0		
	Sandra R. Giblin	<u> </u>		<u> </u>	
	4105 NW 135 Street		上		-
	Opa Locka, FL 33054		705	R. D	
5. The name an	d address of the new registered:	agent and office: (F	O. Box Not Acceptable)	چر دن	
				55	
	Sandra R. Giblin				<u>-</u>
	1175 NE 125 Street, Su	ite 417	<u> </u>	•	±
	North Miami, FL 33161				. ,
The street addreagent, as change	ess of its registered office and the	he street address o	f the business office of its registere	d	·•
Such change was authorized by the	as authorized by recolution dut-	adopted by its bo	ard of directors or by an officer so		
_Sandr	a R. Siblin		7/12/01		
/ (Signature	of an officer, chairman or vice chairman o	of the board)	(Date)	1 20	2 48 7 € - 243,
Sandra R.	Giblin, Treasurer		7/12/01		
	(Printed or typed name and title)	remain the same of	(Date)		, - 11°#
Having been na corporation, I h I further agree t performance of registered agen	med as registered agent and to tereby accept the appointment a to comply with the provisions of my duties, and I am familiar wi t.	accept service of pair registered agent fall statutes relation the and accept the	process for the above stated and agree to act in this capacity. we to the proper and complete obligation of my position as		
Sandr	a. R. Siblin		7/12/01		
(S	ignature of Registered Agent)		(Date)		-T EL
f signing on behalf	of an entity:				
	yped or Printed Name)	ida 1		ياني سي مرالي داني سي مرالي	
,,	Aben or remodification)		(Capacity)	=	

CR2E045(3/96)