



N. Kendall Dr. & S.W. 137th Ave. P.O. Box 830010 Miami, FL 33283-0010 400004339934---0 -06/04/01--01095--006 *****35.00 *****35.00

Office Use Only

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

1	
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #) HASSEE,
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Gpy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions			
Florida Statutes, the unders	igned registered agent of		
State of Florida		submits the follo	wing statement in order
to change the registered off	ice in Florida.		
1. The name of the corpora	tion: Total Health	Choice, Inc.	
1. The name of the corpora			
2. The street address of the	current registered office:		
	314 North Calho	un Street	<u> </u>
	Tallahasse, Flo	rida 32301	
	•		THE PROPERTY OF THE PROPERTY O
3. The street address of the	new registered office:	-	FLO SIF
,	101 North Gadsd	en Street	
	Tallahasse, Flo	rida 32301	
The corporation has been no			
The street address of the reagent, as changed, will be i	gistered office and the stre dentical.	et address of the busin	ness office of the registered
Date:	2001		
	torod A cont)	Gerald B.	Sternstein (Printed or Typed Name)
(Signature of Regis	tered Agent)		(I Innee or Types I mane)

Filing Fee: \$35.00