

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053

Phone

: (561)694-8107

Fax Number : (561)694-1639

R. WHITE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE HEALTHCARE APPRAISERS, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS TAIL AMASSEE, FLORIDA

1. The name of the corporation is: HealthC	are Appraisers	Inc.	
2. The principal office address: 75 NW 1S	T AVE STE 20	1.	
DELRAY BEACH FL 33444			
3. The mailing address (if different): 75 N	W IST AVES	TE 201	
DELRAY BEACH FL 33444	W 101 A 101		
	0/1/0000		P00000011212
4. Date of incorporation/qualification:	2/1/2000	Document Number:	· · · · · · · · · · · · · · · · · · ·
<ol><li>The name and street address of the curre Florida Department of State:</li></ol>	ent registered a	gent and registered office	on hic with the
DARYL P JOHNSON			
75 NW 1ST AVE STE 2	01	······································	
DELRAY BEACH FL 33444	<u> </u>		
6. The name and street address of the new	registered age	it (if changed) and for regi	istered ornce
(if changed):  Corporate Creations Net	work Inc.		
11380 Prosperity Farms			
(F.O.)	Box Not acceptable)		······································
Palm Beach Gardens FL			
The street address of its registered office agent, as changed will be identical.	and the street	address of the business	office of its registered
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopte n has been noti	d by its board of directo	rs or by an officer so ge.
		by Caitlin Lazarus as attorney	-in-fact
(Signature of an officer or director)	<u></u>	(Printed or Typed na	ame and title)
I hereby accept the appointment as registe			
I further agree to comply with the pro	visions of all	statutes relative to the p	proper and complete
performance of my duties, and I am familiagent. Or, if this document is being filed	ar wun ana ac I merelv to refl	cept the obligation of my p ect a change in the revist	ered office address. I
herehy confirm that the corporation has b			o
(	· ·	09/04/2	015
(Signature of Registered Agent)		(Dat	
If signing on behalf of an entity:			
Caitlin Lazarus, Special Secretary (Typed or Printed Name)	<del></del>		
Makechecks	PAYABLE TO FI	ORIDA DEPARTMENT OF	STATE

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107