

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90006 037 \*\*\*150.00

06365801 SP

<b>DOCUMENT #</b>		<b>P00000075534</b>	
1. Entity Name <b>ATKINSON'S HEALTHCARE, INC.</b>			
Principal Place of Business <b>1532 KINGSLEY AVE STE 103 ORANGE PARK FL 32073</b>		Mailing Address <b>P OB OX 1644 ORANGE PARK FL 32067-1644</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. BOX 1644</b>	
City & State		City & State	
Zip	Country	Zip <b>32067-1644</b>	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>MUYRES, WILLIAM J</b> <b>2390 STOCKTON DRIVE</b> <b>GREEN COVE SPRINGS FL 32043</b>			Name  Street Address   City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required))</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>MUYRES, WILLIAM J</b> <b>2390 STOCKTON DRIVE</b> <b>GREEN COVE SPRINGS FL 32043</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, Chapter 607, which provides that a report may be filed by the incorporator, officer, director, receiver, trustee, or other person authorized to execute this report as required by Chapter 607, if the report is changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	