P00000077132

ACCOUNT NO. :	072100000032
REFERENCE :	750449 7304648
AUTHORIZATION :	SECT TALL
COST LIMIT :	\$ 35.00
ORDER DATE : January 18, 2002	SEE, FI
ORDER TIME : 9:47 AM	ORNIC AS
ORDER NO. : 750449-075	¥1 2
CUSTOMER NO: 7304648	3000048529231
CUSTOMER: Ms. Jacquelyn O. Ayers Health Centers 421 W. College Street Murfreesboro, TN 37130	
CHANGE OF AGENT	ANSIE 22 R
NAME: THE HEALTH CENTER CITY, INC.	OF PANAMA OF PANAMA
PLEASE RETURN THE FOLLOWING AS PRO	OF OF FILING: 독자 부
CERTIFIED COPY XX PLAIN STAMPED COPY	
	C. Coullistte FEB 0 4 2002
CONTACT PERSON: Ellyn Herndon I	EXT# 1145

EXAMINER:

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, the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation : THE HEALTH CENTER OF PANAMA CITY, INC.
TASE 02
2. The mailing address of the corporation: 2100 Jenks Ave., Panama City, FL 32405
3. Date of incorporation/qualification: 08/15/2000 Document number: P00000077132
4. The name and address of the current registered agent and office:
Corporation Company of Miami
201 S. Biscayne Blvd., 1500 Miami Center
Miami, FL 33131
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
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.
(Signature of an officer, chairman of the board) 1/28/02 (Date)
Cacquelyn Ayers, Asst Secretary (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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. (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Christine J. Gates Asst. V.P. (Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)