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CSC	

ACCOUNT NO. : 072100000032

REFERENCE: 750449

7304648

AUTHORIZATION : -

COST LIMIT

ORDER DATE: January 18, 2002

ORDER TIME: 9:48 AM

ORDER NO. : 750449-095

CUSTOMER NO: 7304648

900004852919--3

CUSTOMER: Ms. Jacquelyn O. Ayers

Health Centers

421 W. College Street

Murfreesboro, TN 37130

CHANGE OF AGENT

NAME:

THE HEALTH CENTER OF NAPLES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____PLAIN STAMPED COPY

C. Coulliette FEB 0 4 2002

CONTACT PERSON: Ellyn Herndon -- EXT#1145

EXAMINER:

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

Pursuant to the provisions of sections 607.0502, 6 the undersigned corporation organized under the la	17.0502, 607.1508, or 617.1508, Florida Statutes,
	its registered office or registered agent, or both, in
1. The name of the corporation: THE HEALTH CENTE	R OF NAPLES, INC.
2. The mailing address of the corporation: 10949 F	arnu St., Naples, FL 64110
3. Date of incorporation/qualification: 08/15/2000	Document number: P00000077138
4. The name and address of the current registered ag	ent and office:
Corporation Company of Miami	SECFITALL
201 S. Biscayne Blvd., 1500 Miam	i Center
Miami, FL 33131	SSE
5. The name and address of the new registered agent (P. O. Box No	· · · · · · · · · · · · · · · · · · ·
Corporation Service Company	TE NDA
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the stragent, as changed, will be identical.	reet address of the business office of its registered
Such change was authorized by resolution duly ado authorized by the board.	pted by its board of directors or by an officer so
(Signature) of an officer, chairman or vice chairman of the	1/28/02
Jacquelyn Ayers, Asst Se	cretary
(Printed or typed name and title) Having been named as registered agent and to accept the appointment as re I further agree to comply with the provisions of all berformance of ny duties, and I am familiar with a registered agent.	ept service of process for the above stated gistered agent and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	× /
Christine J. Gates	Asst. V.P.
(Typed or Printed Name)	(Capacity)
* * * FILING F	EE: \$35.00 * * *

CR2E045(9/00) DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314