ACCOUNT NO.

: 072100000032

REFERENCE: 750449

7304648

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE: January 18, 2002

ORDER TIME : 9:49 AM

ORDER NO. : 750449-100

CUSTOMER NO:

7304648

800004852918--6

CUSTOMER: Ms. Jacquelyn O. Ayers

Health Centers

421 W. College Street

Murfreesboro, TN 37130

CHANGE OF AGENT

NAME:

THE HEALTH CENTER OF MERRITT

ISLAND, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

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

the undersign	the provisions of sections 607.0502, 617.0502, 607.1508, o. ned corporation organized under the laws of the State of $_$ Fl $^{\circ}$ Ollowing statement in order to change its registered office or	orida
the State of F		
1. The name of the corporation: THE HEALTH CENTER OF MERRITT ISLAND, INC.		
2. The mailin	ng address of the corporation: P.O. Box 540760, Merritt I	sland, FL 32954
3. Date of inc	corporation/qualification: 08/15/2000 Document	number: <u>P00000077141</u>
4. The name a	and address of the current registered agent and office:	E 8
	Corporation Company of Miami	
	201 S. Biscayne Blvd., 1500 Miami Center	ASS.
	Miami, FL 33131	
5. The name a	and address of the new registered agent (if changed) and/or re (P. O. Box Not Acceptable)	gistered of the (if of the inged):
	Corporation Service Company	
	1201 Hays Street	<u> </u>
	Tallahassee, Florida 32301	-
The street add	dress of its registered office and the street address of the bus nged, will be identical.	iness office of its registered
Such change v	was authorized by resolution duly adopted by its board of divide board.	rectors or by an officer so
2 Jac	Quelow (Lyers)	1/28/02
1	ure of an officer, chairman or vice thairman of the board)	(Date)
	velyn Hyers, Asst Secretary (Printed or typed name and title)	
Having been i orporation, l further agre eerformance d egistered age	named as registered agent and to accept service of process of hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the of my duties, and I am familiar with and accept the obligation of the contract of the obligation of the contract of the colligation of the contract of the colligation of the contract of the colligation of the collinear	for the above stated ree to act in this capacity. proper and complete on of my position as
(1/2	(Signature of Registered Agent) (Da	CUBZ.
	(Signature of Registered Agent) (Da	te)
f signing on beh	half of an entity:	·
Christine J.	// 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(Copper of France France)	Capacity)
* * * FILING FEE: \$35.00 * * *		

CR2E045(9/00)