P00000077142



ACCOUNT NO. :	072100000032	_
REFERENCE :	750449 7304648	2002 TAL
AUTHORIZATION :	en e	超四日
COST LIMIT :	\$ 35.00	
		<u>F</u> Q Z
ORDER DATE: January 18, 2002		FILED 2002 FEB - 1 AM 11: 07 TALLAHASSEE FLORIDA TALLAHASSEE
ORDER TIME : 9:50 AM		DE 1
ORDER NO. : 750449-125		
CUSTOMER NO: 7304648	1000	048529118
CUSTOMER: Ms. Jacquelyn O. Ayers Health Centers 421 W. College Street		
Murfreesboro, TN 37130		
CHANGE OF AGENT		
CIMNOS OF AGENT		RE REPORTED TAIL A
NAME: THE HEALTH CENTER CREEK, INC.	OF COCONUT	ECEIVED
PLEASE RETURN THE FOLLOWING AS PRO	OF OF FILING:	ED D 25 STATE STATE ORIDA
CERTIFIED COPY XX PLAIN STAMPED COPY		
CONTACT PERSON: Ellyn Herndon H	EXT# 1145	
I	EXAMINER:	

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

	ne provisions of sections 607.050 and corporation organized under th			, Florida Statutes,		
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.						
I. The name o	f the corporation : THE HEALTH C	ENTER OF COCONU	CREEK, INC.		_	
2. The mailing	address of the corporation: 412	5 W. Sample Rd.,	Coconut Creek, 1	FL 33073	_	
3. Date of inc	orporation/qualification: 08/15/2	000 De	ocument number: _1	200000077142	_	
4. The name a	nd address of the current registere	d agent and office	: .	2002 SEC FALL		
	Corporation Company of Miami					
	201 S. Biscayne Blvd., 1500	Miami Center) - Aiky Aiky	FILE	
	Miami, FL 33131	_	-			
5. The name a	nd address of the new registered a	gent (if changed) a	-	 (A		
	Corporation Service Company			·		
	1201 Hays Street					
	Tallahassee, Florida 32301					
	ress of its registered office and the					
Such change v	was authorized by resolution duly the board.	adopted by its bo	ard of directors or	by an officer so		
Jaco	of an officer/chairman or see chairman o			<u> </u>		
Jacqu	·	Secretary	_			
Having been i corporation, I I further agre performance o registered age	named as registered agent and to hereby accept the appointment a e to comply with the provisions o of my duties, and I am familiar w	accept service of s registered agen f all statutes relat ith and accept the	process for the abo t and agree to act i ive to the proper a obligation of my p	ove stated n this capacity nd complete position as		
registered age	(Signature of Registered Agent)		//3//2000 (Date)	2		
رع If signing on bel			·			
Christine J.			Asst. V.P.			
	(Typed or Printed Name)		(Capacity)			
	* * * FILIN	G FEE: \$35.00 *	* *			

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS