

Division of Corporations

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PO0000577142

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (350)617-6380

From: Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : 129080060045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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SECRET  
TALLAHASSEE, FL

REGISTERED AGENT CHANGE  
THE HEALTH CENTER OF COCONUT CREEK, INC.

Certificate of Status	1
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Page Count	02
Estimated Charge	\$43.75

SECRET  
TALLAHASSEE, FL

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T. LEMIEUX

4/17/2019

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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, this statement of change is submitted for a corporation organized under the laws of the State of Florida 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 COCONUT CREEK, INC.
2. The principal office address: 1784 W NORTHFIELD BLVD #347 MURFREESBORO, TN 37129
3. The mailing address (if different):

4. Date of incorporation/qualification: 08/15/2000 Document number: P00000077142

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

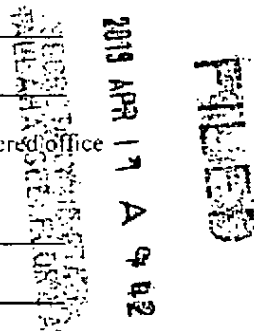
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

7901 4th Street N, Ste 300

P O Box NOT acceptable

St. Petersburg, FL 33702



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, or the corporation has been notified in writing of the change.

Signature of Steve Strawn, Director

Steve Strawn Director

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Bill Havre, Registered Agent

4/15/2019 Date

If signing on behalf of an entity:

Bill Havre Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314