P00000077156



ACCOUNT NO. : 072100000032

REFERENCE: 750449

7304648

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 18, 2002

ORDER TIME: 9:49 AM

ORDER NO. : 750449-110

CUSTOMER NO:

7304648

600004852816--2

CUSTOMER: Ms. Jacquelyn O. Ayers

Health Centers

421 W. College Street

Murfreesboro, TN 37130

CHANGE OF AGENT

NAME:

THE HEALTH CENTER OF IMPERIAL,

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617 d corporation organized under the laws of the State ofFlorid		
	lowing statement in order to change its registered office or reg		
1. The name of	the corporation : THE HEALTH CENTER OF IMPERIAL, INC.		-
2. The mailing	address of the corporation: 900 Imperial Golf Course Blvd.	, Naples, FL 34110	• •
3. Date of inco	orporation/qualification: 08/15/2000 Document num	iber: <u>P00000077156</u>	-
4. The name an	nd address of the current registered agent and office:	SECTALLA	
	Corporation Company of Miami		<u> 1</u>
	201 S. Biscayne Blvd., 1500 Miami Center	SER NY C	
	Miami, FL 33131	AMI S	_
5. The name an	nd address of the new registered agent (if changed) and/or register (P. O. Box Not Acceptable)	red office (if cared):	
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, Florida 32301	<u></u> :	
agent, as chang	ress of its registered office and the street address of the busines ged, will be identical.		
Such change w	was authorized by resolution duly adopted by its board of direct the board.	ors or by an officer so	
100	e offan officer, chairman or vied chairman of the board)	1/28/03 (Date)	
Jacque	lyn Ayers, Asst Secretary		
corporation, I	(Printed or typed name and title) named as registered agent and to accept service of process for hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the profiny duties, and I am familiar with and accept the obligation of the proving the control of the proving t	to act in this capacity. Oper and complete	
	Signature of Registered Agent) (Date)		
If signing on beh	alf of an entity:		
Christine J.	Gates Asst. V.P. (Typed or Printed Name) (Capa	ecity) -	
	* * * FILING FEE: \$35.00 * * *		

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314