P00000077163



ACCOUNT NO. : 072100000032

REFERENCE: 750449

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: January 18, 2002

ORDER TIME: 9:45 AM

ORDER NO. : 750449-060

CUSTOMER NO: 7304648

700004852327--8

CUSTOMER: Ms. Jacquelyn O. Ayers

Health Centers

421 W. College Street

Murfreesboro, TN 37130

CHANGE OF AGENT

NAME:

THE HEALTH CENTER OF PORT

CHARLOTTE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

C. Coulliste FEB 0 4 2002

EXAMINER:

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,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement 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 Port Charlotte, Inc.
2. The mailing address of the corporation : 4000 Kings Hwy., Port Charlotte, FL 33980
3. Date of incorporation/qualification: 08/15/2000 Document number: P00000077163
4. The name and address of the current registered agent and office:
Corporation Company of Miami
201 S. Biscayne Blvd., 1500 Miami Center
Miami, FL 33131
5. The name and address of the new registered agent (if changed) and/or registered office (if changed). (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
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.
(Signature of an office, chairman of the board) 1/28/02 (Date)
Cacquelyn Hyers, Asst Secretary (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
() WILL WELLING
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Christine J. Gates Asst. V.P. (Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314