P00000077171



	ACCOUNT NO. : 0		F 2002 FEB SECRE)
	REFERENCE : 7	50449 730464	
	AUTHORIZATION :		ARII ARII ARII
	COST LIMIT : \$	35.00	II: 23
ORDER DATE :	January 18, 2002		Þ
ORDER TIME :	9:50 AM		
ORDER NO. :	750449-120		
CUSTOMER NO:	7304648	·	
Hea	Jacquelyn O. Ayers lth Centers W. College Street	200	004852912
Mur	freesboro, TN 37130		
	CHANGE OF AGENT		
NAME:	THE HEALTH CENTER O)F DAYTONA	RECEIVED 02 FEB -1 AM ID JULY AND GENERALI OF STA DE STANDAM SEATOR STANDAM SEATOR
PLEASE RETURN	THE FOLLOWING AS PROOF	of filing:	章 25 章 25
	ED COPY		, 1
XX PLAIN			
	: Ellyn Herndon EX	T# 1145	

, 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 617.15 the undersigned corporation organized under the laws of the State of $_$ Florida	08, Florida Statutes,
submits the following statement in order to change its registered office or register	red agent, or both, in
the State of Florida.	
1. The name of the corporation: THE HEALTH CENTER OF DAYTONA BEACH, INC.	-
2. The mailing address of the corporation: 550 National Healthcare Dr., Dayto	ona Beach, FL 32114
3. Date of incorporation/qualification: 08/15/2000 Document number:	P00000077171
4. The name and address of the current registered agent and office:	OOZ FE
Corporation Company of Miami	EB -
201 S. Biscayne Blvd., 1500 Miami Center	SEE. CY O
Miami, FL 33131	F S
5. The name and address of the new registered agent (if changed) and/or registered (P. O. Box Not Acceptable)	office (if charged);
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business of agent, as changed, will be identical.	fice of its registered
Such change was authorized by resolution duly adopted by its board of directors cauthorized by the board.	or by an officer so
LOCOURDE) OLIVERS 2	128/02
USignature of an officer, chairman or vice chairman of the board)	Date)
Jacquelyn Ayers, Asst Secretary (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the acceptration, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligation of my registered agent.	rt in this capacity. and complete
	2
(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