

P00000077174

Δ CCOTINTY NO	- 107010000000

REFERENCE : _750449 __730464

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: January 18, 2002

ORDER TIME : 9:50 AM

ORDER NO. : 750449-115

CUSTOMER NO: 7304648

CUSTOMER: Ms. Jacquelyn O. Ayers

Health Centers

421 W. College Street

Murfreesboro, TN 37130

CHANGE OF AGENT

NAME: THE HEALTH CENTER OF HUDSON,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

OZ FEB -1 M IO: 25

MUSION OF COMPONIATION
TALLAHASSEF, FI ORIDA

C. Coulliste FEB 0 1 2002

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

	he provisions of sections 607.0502, 617.0502 ed corporation organized under the laws of the		lorida Statutes,
_	ollowing statement in order to change its regis		ent, or both, in
-	of the corporation : THE HEALTH CENTER OF H	UDSON, INC.	
2. The mailin	g address of the corporation: P.O. Box 5487	, Hudson, FL 34667	
3. Date of inc	corporation/qualification: 08/15/2000	Document number: P000	000077174
4. The name a	and address of the current registered agent and	office:	200's TAI
	Corporation Company of Miami		ES E
	201 S. Biscayne Blvd., 1500 Miami Cente	er	FIL 2002 FEB - 1 SECRETAR TALLAHAS
	Miami, FL 33131		-1 A SSEE
5. The name a	and address of the new registered agent (if char (P. O. Box Not Accep		(if changed)
	Corporation Service Company		Dr. 3
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·	
	Tallahassee, Florida 32301		
agent, as char	dress of its registered office and the street addinged, will be identical.		
Such change	was authorized by resolution duly adopted by the board.	its board of directors or by	an officer so
100	Carolina (Lues 12	1/2	8/02
(Signatu	ure of an officer chairman or vice chairman of the board)	(Date)	
Jacqu	uelyn Ayers, Asst Secre	etary	
	(Printed or typed name and title)		_
1 juriner agre performance	named as registered agent and to accept serv I hereby accept the appointment as registered ee to comply with the provisions of all statutes of my duties, and I am familiar with and acce	s relative to the brober and t	comblete
registered ag	en. /// / / .	1/2/6 -	
	(Signature of Registered Agent)	//3//2007 (Date)	
If signing on be	chalf of an entity:		
Christine J	. Gates	Asst. V.P.	
	(Typed or Printed Name)	(Capacity)	
	* * * FILING FEE: \$3	5.00 * * *	

CR2E045(9/00)