00000079609



ACCOUNT NO. : 072100000032

REFERENCE: 750449

7304648

COST LIMIT : \$ 35.00

ORDER DATE: January 18, 2002

ORDER TIME: 9:47 AM

ORDER NO. : 750449-080

CUSTOMER NO: 7304648

200004852922--4

CUSTOMER: Ms. Jacquelyn O. Ayers

Health Centers

421 W. College Street

Murfreesboro, TN 37130

CHANGE OF AGENT

NAME:

THE HEALTH CENTER OF PALATKA.

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

C. Coulliste FEB 0 4 2002.

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

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

Pursuant to the provisions of sections 607.0502, 617.0 The undersigned corporation organized under the laws o	
submits the following statement in order to change its r	
the State of Florida.	D DDI AUGUD TNC
1. The name of the corporation: THE HEALTH CENTER C	F PALATRA, INC.
2. The mailing address of the corporation: 110 Kay La	rkin Drive, Palatka, FL 32177
3. Date of incorporation/qualification: 08/23/2000	Document number: P00000079609
4. The name and address of the current registered agent	and office:
	02 TAL
Corporation Company of Miami	Enter ARET
201 S. Biscayne Blvd., 1500 Miami C	enter ASS
Miami, FL 33131	
5. The name and address of the new registered agent (if (P. O. Box Not A	
Corporation Service Company	TE 100
1201 Hays Street	
Tallahassee, Florida 32301	·
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered
Such change was authorized by resolution duly adopte authorized by the board.	d by its board of directors or by an officer so
Signature of an officer, ghairman or vice chairman of the boar	1/38/03. (Daté)
Cacquelyn Ayers, Asst. Sec	retary
(Printed or typed name and title)	
Having been named as registered agent and to accept corporation, I hereby accept the appointment as regist I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and registered agent.	service of process for the above stated fered agent and agree to act in this capacity. It tutes relative to the proper and complete accept the obligation of my position as
() by () shot	1/3//2002
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Christine J. Gates (Typed or Printed Name)	Asst. V.P. (Capacity)
	## ## ##
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314