

P00000079611

ACCOUNT NO. : 07210000032	
REFERENCE : 750449 7304648	200 SE
AUTHORIZATION :	FII 2002 FEB - SECRCTAF FALLAHAS
COST LIMIT : \$ 35.00	SE - F
ORDER DATE: January 18, 2002	AM 10: 5
ORDER TIME : 9:51 AM	9 DA
ORDER NO. : 750449-130	
CUSTOMER NO: 7304648	48529101
CUSTOMER: Ms. Jacquelyn O. Ayers Health Centers 421 W. College Street	
Murfreesboro, TN 37130	
CHANGE OF AGENT	: :
NAME: THE HEALTH CENTER OF BLUE WATER BAY, INC.	RECEIVED 0278 -1 M D
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	NE OF COMPANY OF COMPA
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Ellyn Herndon EXT# 1145 EXAMINER:	<u> </u>

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

	ted corporation organized under the laws of the State of $_$ F10: ollowing statement in order to change its registered office or the closing of the contract	
	of the corporation : THE HEALTH CENTER OF BLUE WATER BAY,	INC.
2. The mailin	g address of the corporation: 1500 N. White Point Rd., Ni	ceville, FL 32578
3. Date of inc	corporation/qualification: 08/23/2000 Document r	number: <u>P00000079611</u>
4. The name a	and address of the current registered agent and office:	=
	Corporation Company of Miami	2002 SECI ALLL/
	201 S. Biscayne Blvd., 1500 Miami Center	FEB
	Miami, FL 33131	istered office (if changed)
5. The name a	and address of the new registered agent (if changed) and/or reg (P. O. Box Not Acceptable)	istered office (if changed) :
	Corporation Service Company	59 IDA
•	1201 Hays Street	
	Tallahassee, Florida 32301	
agent, as char	dress of its registered office and the street address of the businged, will be identical.	
Such change authorized by	was authorized by resolution duly adopted by its board of dir y the board.	rectors or by an officer so
Jac	Guffe (1983) ure of an officer, chairman of the board)	1/28/02 (Date)
Jacquel	1 0 1	
- pertormanc <u>e</u>	named as registered agent and to accept service of process f I hereby accept the appointment as registered agent and agr ee to comply with the provisions of all statutes relative to the of my duties, and I am familiar with and accept the obligation	for the above stated see to act in this capacity. proper and complete on of my position as
registered as		7/2000 ·
7	(Signature of Registered Agent) (Date	e)
If signing on be	ehalf of an entity:	
Christine J	(Typed or Printed Name) Asst. V.	P. Capacity)

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314