

00000083238

ESC

ACCOUNT NO. : 072100000032

REFERENCE: 750449

7304648

AUTHORIZATION

COST LIMIT

ORDER DATE: January 18, 2002

ORDER TIME: 9:43 AM

ORDER NO. : 750449-040

CUSTOMER NO: 7304648

100004852931--6

CUSTOMER: Ms. Jacquelyn O. Ayers

Health Centers

421 W. College Street.

Murfreesboro, TN 37130

CHANGE OF AGENT

NAME:

THE PLACE AT STUART, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY

G. Coulliette FEB 6 4 2002

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

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

the undersigned	e provisions of sections 607.0502, 617.0502, 607.1508, or 617 d corporation organized under the laws of the State ofFlorida.	a
suomits the foll the State of Flo	lowing statement in order to change its registered office or regi orida	istered agent, or both, in
-	f the corporation: THE PLACE AT STUART, INC.	
		-
2. The mailing a	address of the corporation: 860 SE Central Parkway, Stuart	, FL 34994
3. Date of inco	orporation/qualification: _09/01/2000 Document num	ber: <u>P00000083238</u>
4. The name an	nd address of the current registered agent and office:	
_	Corporation Company of Miami	_ 408
_	201 S. Biscayne Blvd., 1500 Miami Center	EGR TI
	Miami, FL 33131	最高
5. The name and	nd address of the new registered agent (if changed) and/or register (P. O. Box Not Acceptable)	red office (if changed):
-	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, Florida 32301	
The street addreagent, as chang	ress of its registered office and the street address of the business ged, will be identical.	s office of its registered
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directo the board.	ors or by an officer so
Saca	Jof an officer, ghairman or vice chairman of the board)	1/28/02 (Date)
Jacque	Clyn Ayers, Asst Secretary (Printed or typed name and title)	
Having been no corporation, I h I further agree performance of registered agen	amed as registered agent and to accept service of process for the hereby accept the appointment as registered agent and agree to to comply with the provisions of all statutes relative to the professory duties, and I am familiar with and accept the obligation of the complex to the obligation of the complex the colligation of the complex the colligation of the collinear than the collinear collinear than the collinear collinear than the collinear	he above stated o act in this capacity. per and complete f my position as
	Signature of Registered Agent) (Date)	7002
If signing on behal	alf of an entity:	
Christine J. (Gates Asst. V.P. (Typed or Printed Name) (Capac	ity)
	* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)