P00000084030



	ACCOUNT NO. : 072100000	032
	REFERENCE : 750449	7304648
	AUTHORIZATION :	Rit Fig
	COST LIMIT : \$35.00	
ORDER DATE	: January 18, 2002	P
ORDER TIME	: 9:41 AM	
ORDER NO.	: 750449-015	
CUSTOMER NO	: 7304648	و الله الله المعلق المعلى
CUSTOMER:	Ms. Jacquelyn O. Ayers Health Centers	800004852
	421 W. College Street	
	421 W. College Street Murfreesboro, TN 37130	
	_	02 FEB - 1 AM 10: 1 STAN LAW STEAM OF CONTINE A TAILAHASSFE, FICE

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

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

	he provisions of sections 607.0502, 617.050 ed corporation organized under the laws of th		1508, Florida Statu	tes,
	llowing statement in order to change its regi	-	stered agent, or both	i, in
1. The name o	of the corporation : COQUINA KEY HEALTH CAN	RE CENTER, INC.		
2. The mailing	g address of the corporation: 435 42nd Ave.	South, St. Peters	burg, FL 33705	
3. Date of inc	orporation/qualification: 09/06/2000	Document numb	per: P00000084030	
4. The name a	nd address of the current registered agent and	office:		
	Corporation Company of Miami			
	201 S. Biscayne Blvd., 1500 Miami Cent	er		3
	Miami, FL 33131			· 2 <u> </u>
5. The name a	nd address of the new registered agent (if cha (P. O. Box Not Acce		ed office (if stanged	
	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·		
	1201 Hays Street		TATE ORID	ڊ
	Tallahassee, Florida 32301	-	- · · · · · · · · · · · · · · · · · · ·	
The street add agent, as chan	lress of its registered office and the street add ged, will be identical.	dress of the business	office of its register	ed
Such change vauthorized by	was authorized by resolution duly adopted by	its board of director	rs or by an officer so)
	tha die		1 beloa	
// (Signatur	e of an officer, chairman or vice chairman of the board)	 - <u></u>	(Date)	,
Stei	ve Strawn, President			
	(Printed or typed name and title)	<u> </u>		
Having been r corporation, I I further agree performance c registered age	named as registered agent and to accept servent hereby accept the appointment as registered to comply with the provisions of all statute of my duties, and I am familiar with and accept.	vice of process for the dagent and agree to s relative to the prop ept the obligation of t	e above stated act in this capacity. er and complete my position as	
	La la t	1/2	1/2007	
	(Signature of Registered Agent)	(Date)		
If signing on beh	alf of an entity:			
Christine J.		Asst. V.P.		
	(Typed or Printed Name)	(Capacity	у)	
	* * * FILING FEE: \$3:	5.00 * * *		

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314