

P00000114574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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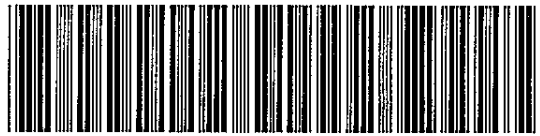
(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fletchers Healthcare Management Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000114574

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janis L. Russell  
(Name of Contact Person)

Fletchers Healthcare Management Inc.  
(Firm/Company)

3090 Sunset Point Road  
(Address)

Clearwater FL 33759  
(City/State and Zip Code)

For further information concerning this matter, please call:

Janis L. Russell at ( 727 ) 364-1928  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

