

P010000002013

(Requestor's Name)

healthpartners

1556 MAGUIRE ROAD OCOEE, FL 34761

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

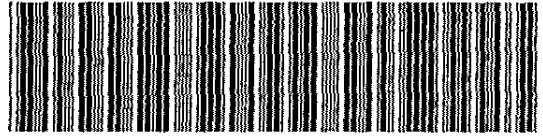
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TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEALTH PARTNERS NURSE STAFFING, INC.
2. The principal office address: 6035 Blakeford Drive, Windermere, FL 34786
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1/5/01 Document number: P01000002013
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Company of Miami
201 S. Biscayne Blvd., 1500 Miami Center
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT JACKSON
(GREENSPOON) WARNER HIRSCHFELD RAPPIN ROSS + BERGER
(P.O. Box or personal mailbox NOT acceptable)

SOUTHRUST BANK BUILDING SUITE 1100 135 WEST CENTRAL BLVD.
ORLANDO FLORIDA 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Thomas J. Bell
(Signature of an officer or director)

THOMAS J. BELL
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

4/13/2004
(Date)

If signing on behalf of an entity:

Felicia Hickey
(Typed or Printed Name)

Asst. Secretary
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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