001000027417



ACCOUNT NO. : 072100000032

REFERENCE: 750449 7304648

AUTHORIZATION 🐃 🔄

COST LIMIT

ORDER DATE: January 18, 2002

ORDER TIME: 9:42 AM

ORDER NO. : 750449-030

CUSTOMER NO: 7304648

300004852933---0

CUSTOMER: Ms. Jacquelyn O. Ayers

Health Centers

421 W. College Street

Murfreesboro, TN 37130

CHANGE OF AGENT

NAME: THE PLACE AT MAITLAND, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

C. Coullistte FEB 0 4 2002

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

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 the undersigned corporation organized under the laws of the State ofFlorida	8, Florida Statutes,
submits the following statement in order to change its registered office or registere the State of Florida.	d agent, or both, in
1. The name of the corporation : THE PLACE AT MAITLAND, INC.	-do-8
2. The mailing address of the corporation: 740 N. Wymore Road, Maitland, FL 32	2751 BS - F
3. Date of incorporation/qualification: _03/16/2001 Document number: _	P010000EZ417
4. The name and address of the current registered agent and office:	23 RIDA
Corporation Company of Miami	.
201 S. Biscayne Blvd., 1500 Miami Center	
Miami, FL 33131	
 The name and address of the new registered agent (if changed) and/or registered of (P. O. Box Not Acceptable) 	ffice (if changed):
Corporation Service Company	
1201 Hays Street	•
Tallahassee, Florida 32301	.
The street address of its registered office and the street address of the business officagent, as changed, will be identical.	ce of its registered
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board.	by an officer so
10 than is	5003
(Signature of an officer, chairman or vice chairman of the board) (Da	te)
Steve Strawn, President (Printed or typed name and title)	.e
Having been named as registered agent and to accept service of process for the ab corporation, I hereby accept the appointment as registered agent and agree to act to I further agree to comply with the provisions of all statutes relative to the proper a performance of my duties, and I am familiar with and accept the obligation of my p registered agent.	ove stated in this capacity. nd complete osition as
(1/1/1/L //z/zm	3
(Signature of Registered Agent) (Date)	
f signing on behalf of an entity:	
Christine J. Gates Asst. V.P. (Typed or Printed Name) (Capacity)	<u> </u>
* * THE TALO TIPE OF AN ALL T	
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314