

01000027422

ESC

ACCOUNT NO. : 072100000032

REFERENCE: 750449

7304648.

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 18, 2002

ORDER TIME : 9:44 AM

ORDER NO. : 750449-050

CUSTOMER NO: 7304648

900004852929--2

CUSTOMER: Ms. Jacquelyn O. Ayers

Health Centers

421 W. College Street

Murfreesboro, TN 37130

CHANGE OF AGENT

NAME:

THE PLACE AT DAYTONA BEACH,

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:

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

	e provisions of sections 607.0502, 617.0502, 6 d corporation organized under the laws of the St		
_	lowing statement in order to change its register		
the State of Flo	-		
1. The name of	f the corporation: THE PLACE AT DAYTONA BEAC	H, INC.	
2. The mailing	address of the corporation : 570 National Hea	lthcare Dr.,	
Daytona	Beach, FL 32114-1494		
3. Date of inco	orporation/qualification: 03/16/2001	Document number: P01000027422	
4. The name an	nd address of the current registered agent and off	ice:	
	Corporation Company of Miami		
	201 S. Biscayne Blvd., 1500 Miami Center		
	Miami, FL 33131		
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):— (P. O. Box Not Acceptable)			
	Corporation Service Company		
	1201 Hays Street	- D ω	
	Tallahassee, Florida 32301	·	
agent, as chang	ress of its registered office and the street addres ged, will be identical.		
Such change w	was authorized by resolution duly adopted by its the board.	s board of directors or by an officer so	
1/28/02			
Signature	e of an officer, chairman or vice chairman of the board)	(Date)	
Jacqui	elyn Ayers, Secretary (Printed or typed name and title)		
Having been n corporation, I I further agree performance of registered/age	named as registered agent and to accept service hereby accept the appointment as registered a e to comply with the provisions of all statutes re of my duties, and I am familiar with and accept	e of process for the above stated gent and agree to act in this capacity. clative to the proper and complete the obligation of my position as	
register edgage.	Tille,	1/21/2	
	(Signature of Registered Agent)	(Date)	
If signing on beha	alf of an entity:		
Christine J.		Asst. V.P.	
	(Typed or Printed Name)	(Capacity)	
* * * FILING FEE: \$35.00 * * *			

CR2E045(9/00)