

PO1000054669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

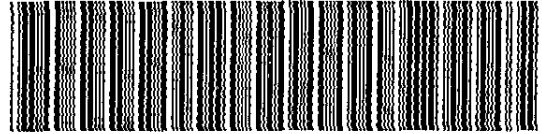
(Document Number)

Certified Copies _____

Certificates of Status _____

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11/10/03--01024--012 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATION
2003 NOV 10 AM 7:59

R. A. Charge
LFT
11-1703

A HEALTHY PLACE, P.A.

HEZI COHEN, M.D.

FAMILY PRACTICE

November 5, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Addendum to Statement of Change of Registered Office or Registered Agent
Document number: P01000054669
Change of Address of Officer

To Whom It May Concern:

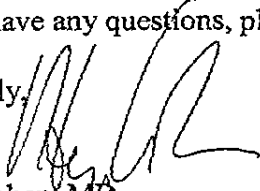
This Addendum comes to you as a request to also change the address of the
President/Director Hezi Cohen, MD.

Current address: 95E Ocean Terrace
Ormond Beach, FL 32174

Change to: P.O. Box 730417
Ormond Beach, FL 32173 0417

If you have any questions, please let me know.

Sincerely,



Hezi Cohen, MD
A Healthy Place, PA

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: A HEALTHY PLACE, P.A.
2. The principal office address: 55 N. OLD KINGS ROAD Suite C-10
ORMOND BEACH, FL 32174
3. The mailing address (if different): P.O. Box 730417
ORMOND BEACH, FL 32173-0417
4. Date of incorporation/qualification: 06/01/01 Document number: P01000054669
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

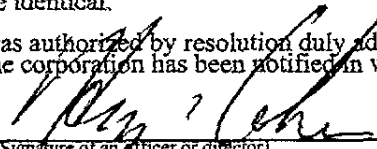
DALE J. ABBOTT CPA
555 W. GRANADA BLVD., STE. G-10
ORMOND BEACH, FL 32174

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

HEZI COHEN, M.D.
55 N. CLYDE MORRIS BLVD. Suite C
(P.O. Box or personal mailbox NOT acceptable)
ORMOND BEACH, FL 32174

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.


(Signature of an officer or director)

HEZI COHEN, M.D. P.D.
(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 of Registered Agent)

11/05/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(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