P010001 05875

From: SONDRA MCCRORY (850)432-0650 DELTA HEALTH GROUP, INC 2 N. PALAFOX STREET

PENSACOLA, FL, 32501

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

3	(Corporation Name) 2. (Corporation Name)	(Document #)
Walk in	3(Corporation Name)	(Document #)
New Filings	(Corporation Name) Walk in Pick up time	Certified Copy
Annual Report Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials	Profit Not for Profit Limited Liability Domestication	AMENDMENTS -07/05/0201051014 *****35.00 ******35.00 Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
CR2E031(7/97)	Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

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

the undersign	the provisions of sections ned corporation organized	under the laws of the S	tate of Florida		
suomiis ine j the State of F	following statement in orde Florida	r to cnange its register	ea ojjice or registerea age	nt, or both, in	
•	of the corporation: Isis Q	uincy, Inc.			
1. 1110 1					_
2. The mailir	ng address of the corporatio	n : 2 North Palafox Stre	et, Pensacola, Florida, 32501		_
3. Date of in	acorporation/qualification: 1	1/01/01	Document number: P0100	00105875	- -
4. The name	and address of the current i	egistered agent and off	ice:		
	Scott J. Bell				
	2 North Palafox Street				
	Pensacola, Florida 325	501			
5. The name	and address of the new regi	istered agent (if change . O. Box Not Acceptab		(if changed):	
	Sondra McCrory				
	2 North Palafox Street				
	Pensacola, Florida 325	501	·	·	
The street ad agent, as cha	Idress of its registered officinged, will be identical.	ee and the street addres	s of the business office of	its registered	
Such change authorized b	was authorized by resolut y the board.	ion duly adopted by its	board of directors or by a	n officer so	
	MAL		6/11/02		
(Signat	ure of an officer, chairman or vice of	chairman of the board)	(Date)		
Scott J. Be	ell, President				
	(Printed or typed name an	•		_	
Having been corporation, I fürther agr performance registered ag	named as registered agen I hereby accept the appoing ee to comply with the proven of my duties, and I am fan gent.	t and to accept service ntment as registered as isions of all statutes re niliar with and accept	of process for the above s gent and agree to act in thi lative to the proper and co the obligation of my positi	tated s capacity. omplete on as	
rac	idia McCron	~ _	6/11/02		
	(Signature of Registered Agent)	X	(Date)		
If signing on bo Sondra M	ehalf of an entity: 4cCrory	0	Corporate Admini	strater 2	
	(Typed or Printed Name)		(Capacity)		
	* * *	FILING FEE: \$35.00)***	L -5 TARY (IASSEE	FILED
CR2E045(9/00)	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	AM II: JF ST/ , FLOG	Ö