## 001,05879 Requester's Name From: SONDRA MCCHORY (850)432-0650 DELTA HEALTH GROUP, INC 2 N. PALAFOX STREET PENSACOLA, FL, 32501

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CORPORATION NAME(S) & DOCUM	ient number(s), (ii	i known):
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NEW FILINGS	AMENDMENTS	2000062230626 3 -07/05/0201051012 *****35.00 *****35.00
Profit Not for Profit Limited Liability Domestication Other	Change of Regis Dissolution/With Merger	R.A., Officer/Director stered Agent hdrawal
OTHER FILINGS  Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark	LED Y OF BEE, F
CR2E031(7/97)	Other	Examiner's Initials 10 7 11 UZ

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

	the provisions of sections ted corporation organized t		607.1508, or 617.1508, Fl	orida Statute	S,
submits the fo the State of F	ollowing statement in order	r to change its regis	tered office or registered ago	ent, or both, i	– in
1. The hame	of the corporation.				<del></del>
2. The mailin	g address of the corporation	n:2 North Palafox St	reet, Pensacola, Florida, 3250	1	
3. Date of inc	corporation/qualification: 1	1/01/01	Document number: P010	00105879	
4. The name a	and address of the current r	egistered agent and o	office:		
	Scott J. Bell				
	2 North Palafox Street			•	
	Pensacola, Florida 325	01		•	
5. The name a		stered agent (if chan . O. Box <b>Not</b> Accept	ged) and/or registered office able)	(if changed):	
	Sondra McCrory				
	2 North Palafox Street			÷	<i>.</i>
	Pensacola, Florida 325	01			
The street addagent, as char	dress of its registered officaged, will be identical.	e and the street addi	ess of the business office of	its registered	I
Such change authorized by	was authorized by resoluti	on duly adopted by	its board of directors or by a	n officer so	
	TVM/h_		6/11/02		
(Signatu	re of an officer, chairman or vice c	hairman of the board)	(Date)	<del></del>	
Scott J. Bel	II, President				_
Having been to corporation, I further agree	(Printed or typed name and named as registered agent if hereby accept the appoint et occupy with the proving and the proving and the proving are formally are for	t and to accept servi tment as registered sions of all statutes	ce of process for the above s agent and agree to act in th relative to the proper and co of the obligation of my positi	stated is capacity. complete	
registered ag	ent.	шиаг жип ина иссер	n the ootigation of my postil	on us	
5	ndra McC	M.	6/11/02		=
Tfaianina on hol	(Signature of Registered Agent)		(Date)		
If signing on behalf of an entity:  Sondra McCrory		Corporate Admin	Corporate Administrator		
	(Typed or Printed Name)		(Capacity)	THAT I	=======================================
	* * *	FILING FEE: \$35.	00 * * *	SSEE	, <u>=</u>
CR2E045(9/00)	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	AM II: 5 OF STAT 3, FLORI	ED