6200006508

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: World Health Alternatives, Inc. (Name of corporation)
DOCUMENT NUMBER: P02000016508
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
B. Ted Licastro, Esq. (Name of person)
Better Solutions, Inc.
(Name of firm/company)
300 Penn Center Boulevard, Suite 201 (Address)
Pittsburgh, PA 15235
(City/state and zip code)
For further information concerning this matter, please call:
B. Ted Licastro at (412) 829-7899 (ext. 229) (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee FL 22314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallabassee FL 22314

CR2E045(09/03)

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					
_		under the laws of the State of it, or both, in the State of Florida.	ilua	in order	
•		•			
	•	Uternatives, Inc.			
2. The principal	office address: 2 E. Camino Re	eal, Suite 202, Boca Raton, FL 33	432		
	<u> </u>				
3. The mailing a	address (if different):	<u></u>			
	· * **	the state of the s			
4. Date of incorp	poration/qualification: 2/13/02	Document number:	P02000016508		
	d street address of the current regramment of State:	istered agent and registered office	on file with the	OH FEB	
	Brenda L. Hamilton	<u> </u>	<u> </u>		
	2 E. Camino Real, Suite 202	ا میں مصدودیں۔ ا موسول کی اس اس ا			
	Boca Raton, FL 33432		<u>"</u>	E E I	
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or regi	stered office	O2	
	Cohen & Grigsby, P.C.				
	c/o Hugh W. Nevin, Jr., Esq.	or personal mailbox NOT acceptable)		· : -	
	•	, Suite 309, Bonita Springs, FL 34	1134		
The street addre changed will be	ess of its registered office and t e identical.	he street address of the business o	ffice of its registered	agent, as	
Such change w the board, or th	as luthorized by resolution dul- te corporation has been notified	y adopted by its board of directors in writing of the change.	s or by an officer so a	uthorized by	
Kin	Signature of an officer or director)	Richard E. Mo	Donald, Chief Finan	cial Officer	
I further agree duties, and I am being filed mer	to comply with the provisions of	agent and agree to act in this cap if all statutes relative to the prope bligation of my position as regist gistered office address, I hereby c	r and complete perfo	ormance of my is document is oration has	
14	Min	February 13.			
	(Signature of Registered Agent)		(Date)		
If signing on be	ehalf of an entity:				
Daniel L. Wes		Secretary	<u>-</u>		
	(Typed or Printed Name)	· — — 	(Capacity)		

* * * FILING FEE: \$35.00 * * *