

P02000026015

TRANSMITTAL LETTER

FILED

02 SEP -3 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Our Health Co-Op, INCORPORATED.
(Name of corporation)

DOCUMENT NUMBER: P02000026015

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:

Stephen FASON

(Name of person)

Our Health Co-Op, INCORPORATED

(Name of firm/company)

931 Village Blvd - Suite 905-480

(Address)

West Palm Beach, FL 33409

(City/state and zip code)

900007471229--1
-09/03/02--01042--006
*****35.00 *****35.00

For further information concerning this matter, please call:

Stephen FASON

(Name of person)

at (561) 640-0811

(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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

PS 9/9/02
DAVCO

**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: OUR Health Co-Op, INCORPORATED
2. The principal office address: 931 Village Blvd Suite 905-480
West Palm Beach, FL 33409
3. The mailing address (if different) (same)

4. Date of incorporation/qualification: 03-07-02 Document number: P02000026015

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BUSINESS FILINGS INCORPORATED
1000 West Avenue Suite 1114
Miami Beach, FL 33139

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

MARY ANN PHILLIPS, C.P.A.

119 Augusta Court

(P.O. Box or personal mailbox NOT acceptable)

JUPITER, FL 33458-8155

561-747-5431

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]
(Signature of an officer, chairman or vice chairman of the board)

Stephen Fasoo, Director
(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.

Mary Ann Phillips, CPA
(Signature of Registered Agent)

8-22-02
(Date)

If signing on behalf of an entity:

Mary Ann Phillips
(Typed or Printed Name)

Owner
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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