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COVER LETTER

Division of Corpor			e en en en
SUBJECT:		ALTH, INC.	
	(Name of	corporation)	
DOCUMENT NUMBER:	P0300	0032639	
The enclosed Statement of	Change of Registered Off	ice/Agent and fee a	re submitted for filing.
Please return all correspond	lence concerning this mat	ter to the following:	•
	GREGOR	Y A. ZITANI	
	(Name of c	contact person)	
	(Firm/	Company)	· · · · · · · · · · · · · · · · · · ·
		YER ROAD, SUITE	D
	(A	uuress)	
	SARASOTA, FI	_ORIDA 34233	
***************************************	(City/state	and zip code)	
For further information cor	cerning this matter, pleas	e call:	•
GREGOR'	Y A. ZITANI	at (941	552 - 0373
(Name of co	ontact person)	(Area code	552 - 0373 & daytime telephone number)
Enclosed is a \$35.00 check	made payable to the Dep	artment of State.	
Ar Di P.0	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio 409 E.	Address: ment Section n of Corporations Gaines Street ssee, FL 32399

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

statement of chan	ge is submitted	l for a corporation orga	02, 607.1508, or 617.1508, Florida Stat mized under the laws of the State of $\frac{FL}{I}$ tered agent, or both, in the State of Flor	ORIDA		
1. The name of the corporation: 1ST HEALTH, INC.						
2. The principal of	239					
3. The mailing ad	dress (if differe	ent):	-			
4. Date of incorpo	oration/qualific	ation: 3/20/2003	Document number: P03000032	639		,
5. The name and Florida Departs		of the current registered	agent and registered office on file with t	he		
		AMERICO BORZA				
•		4046 SAWYER ROA	AD, SUITE D			
•		SARASOTA, FLORIE	DA 34233			
6. The name and (if changed):	street address o	of the new registered ago	ent (if changed) and /or registered office	SECRET TALLAHI	Anr 50	
		GREGORY A. ZITAN	11	707	3	-
		4046 SAWYER ROA	D, SUITE D	Hor.	=	İ
•		(P.O. Box NOT acceptab	le)	- C - T - C - T - C - C - C - C - C - C	Ö	
,		SARASOTA, FLORIE	DA 34233		2	
The street address as changed will	ss of its registe be identical.	red office and the stree	et address of the business office of its r	egistered	l agent	,
_			ted by its board of directors or by an of notified in writing of the change.			
Have	e It an officer or d	thisky	Director (Printed or Wood name and title			
I hereby accept if further hare to find the following the corporation has	he appointment of comply with a second of the comply with a second of the complete	nt as registered agent of the provisions of all sto- with and accept the of to fetlect a change in in writing of this chang	and agree to act in this capacity, atutes relative to the proper and compl bligation of my position as registered of the registered office address, I hereby ge.	lete perfo igent. O confirm i	rmanc r, if thi that the	e is e
If signing on bel	nature of Rogistered	Y	6/8/2005 (Date)			
	OCU Q	. Zitani				

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