## 03000046382

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P.A. Charge G. Coulliette OCT 0 1 2007



ACCOUNT NO. : 072100000032					
REFERENCE : 237744 109186B					
AUTHORIZATION :					
COST LIMIT: \$ 35 Spelle Rena					
ORDER DATE: September 20, 2007					
ORDER TIME : 10:06 AM					
ORDER NO. : 237744-205					
CUSTOMER NO: 109186B					
CHANGE OF AGENT					
NAME: LAKE WALES CLINIC CORP.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Harry B. Davis EXT# 2926					
EXAMINER:					

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	is 	
1. The name of t	the corporation: LAKE WALES CLINIC CORP.		
2. The principal	office address: 4000 Meridian Blvd., Franklin, TN 37067		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/25/2003 Document number: P03000046382	2	
	d street address of the current registered agent and registered office on file with the rtment of State:		
	NRAI Services, Inc.		
	2731 Executive Park Drive		
	Weston, FL 33331	4	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  Corporation Service Company	SECRETARY	07 OCT - I
	1201 Hays Street	1,0 10,0	모
	(P.O. Box NOT acceptable)	STA	1:04
	Tallahassee, FL 32301	DA JE	<b>1</b>
The street addre	ess of its registered office and the street address of the business office of its registere be identical.	d agent,	,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board of the corporation has been notified in writing of the change.		
(Signate	Elizabeth A. Dawson, Attorney I  (Printed or typed name and title)	n Fact	
I further agrée i of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pery and I am familiar with and accept the obligation of my position as registered agent. (ing filed merely to reflect a change in the registered office address, I hereby confirm seen notified in writing of this change.  tion Service Company	formance Or, if this that the	e s ?
By: S	09/11/2007		
· · · · · · · · · · · · · · · · · · ·	mature of Redistated Agent) (Date)		
	chalf of an entity:		
	Typed or Printed Name)		
	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)