Florida Department of State Division of Corporations

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REGISTERED AGENT CHANGE

PRO HEALTH SERVICES, INC.

Certificate of Status	1
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15 ce/c/0,60 M/MD 6/6/2006

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

for a corporati	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this state on organized under the laws of the State of Florida in order to change its in the State of Florida.	
1. The name of	the corporation: Pro Health Services, Inc.	
2. The principa	il office address:	
<u>76</u>	05 Dolonita Drive, Tampa, FL 33615	
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 03/15/2005 Document number: P05	000039413
	nd street address of the current registered agent and office on file with the artment of State:	sarah di Kabupatèn Makabatan di Kabupatèn Kabupatèn Balan
	Roberta Warren	06 VISH
	11221 Moonvalley Way	NEGRETARY OF JUN-6
	Tampa, FL 33635	o Con
6. The name ar (if changed):	nd street address of the new registered agent (if changed) and /or registered office Beverly Crittendon	PH 2: 39
	7605 Dolonita Drive	•
	Tampa, FL 33615	e de la companya de
The street addi	ress of its registered office and the street address of the business office of its registered agent, a	s changed will be identical.
	was authorized by resolution duly adopted by its board of directors or by an officer so authorize a been notified in writing of the change.	d by the board, or the
Des	Beverly Crittendo	n - President
I further agree with and accepregistered affic	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 performance of the obligation of my position as registered agent. Or, if this document is being filed merely to be address. I hereby confirm that the corporation has been notified in writing of this change. June 1, 2006 (Chair) Beverly Crittendon	of my duties, and I am familiar reflect a change in the
	(Typed or Frinted Name) (Capacity)	
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