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SECRETARY OF STATE
SECRETARY SEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CHANGE OF REGISTERED AGENT (Name of Corporation)
DOCUMENT NUMBER: 20600037223
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:
PATEL AJA J. (Name of Contact Person)
HEALTH CARE CORPORATION (Firm/Company)
2044 ASHLEY OAK CIRCLE #102
MESLEY CHAPEL. FLORIDA. 33543
(City/State and Zip Code)
For further information concerning this matter, please call:
AJAT PATER J at (941), 518-9140 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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
1. The name of the corporation: HEALTH CARE CORPORATION 2. The principal office address: 2044 ASHLET OALS CIRCLE # 102 WESLET CHAPEL: FLORIDA: 33543
3. The mailing address (if different): SAYE AS ABOVE
4. Date of incorporation/qualification: 03 1/4/200 Bocument number: P06 00003722
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company 1201. Hays. Street Tallahassee, F. 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): PATEL AJAY J. 2044 ASHLEY OAK CIRCLE #102 WESLEY CHAPEL. FLORIDA. 33543
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 of an office of director) VALANT PATE C (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. (Signally of Registered Agent) (Date)
If signing on behalf of an entity:
PATEL AJA7 J. (Typed or Printed Name)

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

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