

P07000002878

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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2007 APR 20 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

PARK HEALTH SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

2007 APR 20 AM 9:45

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: PARK HEALTH SERVICES, Inc.
2. The principal office address: 20101 NW 62 AVENUE MIAMI LAKES, FLORIDA 33015
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/08/2007 Document number: P07000002878
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LAGE, C. E.4000 Ponce de Leon Boulevard - Suite 470Coral Gables, Florida 33146

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

ABBIE PERERA-ACOSTA20101 NW 62 AVENUE(P.O. Box NOT acceptable)MIAMI LAKES, FLORIDA 33015

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 officer or director)

ABBIE PERERA-ACOSTA, PRESIDENT(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.



(Signature of Registered Agent)

APRIL 20, 2007(Date)

If signing on behalf of an entity:

A. PERERA-ACOSTA, President
(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)