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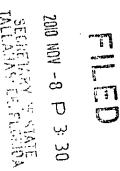
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COVER LETTER

Division of Corporations
SUBJECT: Habana Spine & Medica Clinic
DOCUMENT NUMBER: \$ 10000 21449
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:
Aaron Strnnett
Habana Spine & Medical Clinic
4600 N Habang Aug Suite#32
Tampa Fl 33614 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Agron Brunett at (813) 402-2946 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Habana Spine & Medical Clinic Inc.
2. The principal office address: 4600 N Habana Ave Svite 7732
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/16/26/0 Document number: P10000021449
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Darline Jones
6030 Printery 5+ # 10 19 3
Tampa F1 336/6
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
90 WINDING RIVER LANE (POBOX 34)
INGLIS FL 34449
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 of director Conference on the property of the conference of the conference of the conference of the conference on the conference of the conference on the conference of the conference of the conference on the conference of the conference on the conference of
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 on 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.
11/5/10
Signature of Registered Agent Date Date
If signing on behalf of an entity: PAUL Typed or Printed Name

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