P94000029166

St. Louis, Guerra & Delgado, P.A.

MIAMI CENTER, 1014 FLOOR 201 SOUTH BISCAYNE BOULEVARD MIAMI, FLORIDA 33131-4332

		Office Use Only		
CORPORATI	ION NAME(S) & DOCUMENT NUME	BER(S), (if known):		
1				
·	(Corporation Name) (Doc	ument #)		
2	(Corporation Name) (Doct			
		ument #)		
3	(Corporation Name) (Doce	ument #)		
Λ		···,		
·	(Corporation Name) (Doct	ument #)		
☐ Walk in				
	Pick up time	Certified Copy		
☐ Mail out	☐ Will wait ☐ Photocopy	Certificate of Status		
NEW FILINGS	AMENDMENTS			
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/ Directo	3000021286338 -03/31/9701102009 ******35.00 ******35.00		
Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger	97 SEC		
		FILED NAR 31 PH 12: 49 LAHASSEE, FLORIDA		
OTHER FILING	REGISTRATION/ QUALIFICATION	31		
Annual Report	Foreign	5H /3		
Fictitious Name	Limited Partnership	I.ORII		
Name Reservation	Reinstatement	A A		
	Trademark			
	Other			
	Outer			

Examiner's Initials

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CR2E045(1/95)

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

-	provisions of sections 607.0502, oration organized under the laws	, 617.0502, 607.1508, or 617.1508, F s of the State of Florida	Florida Statutes, the	
-	_	ge its registered office or registered a	gent, or both, in the	
State of Florida.				
1. The name of the corporation is: Affiliated Health Care Systems, Inc.				
2. The mailing ac	·	5881 N.W. 151 Street, Suite 120), Miami	
-	oration/qualification: 3/15/94 address of the current registered		94000020166	
	Corporate Creations Ente	erprises, Inc.	ALC:	
•	4521 PGA Boulevard, Suit		FIL MAR 31 AHASS	
	Palm Beach Gardens, Flor	rida 33418		
5. The name and	address of the new registered ag	gent and office: (P.O. Box Not Accept	PH 12: 49 PH 12: 49 FEDRIDA	
-	Mario R. Delgado, Esq.		_ ≯ E	
	St. Louis, Guerra & Del	lgado, P.A.	_	
	Miami Center, 10th Floo	or, 201 S. Biscayne Blvd., Miam	ai, Fl 33131	
The street addregagent, as change	ss of its registered office and the d, will be identical.	street address of the business office of	f its registered	
Such change was authorized by the	s authorized by resolution duly ac	dopted by its board of directors or by	an officer so	
	X	3-26-9		
(Signature of an office	cer, chairman or vice chairman of the bo			
Nelson A	Acosta - President	tend one and Rila		
	•	r typed name and title)		
Having been par I hereby accept comply with the and I am familia	med as registered agent and to a the appointment as registered ag provisions of all statutes relative ir with and accept the obligation	ccept service of process for the above tent and agree to act in this capacity. It to the proper and complete performa It of my position as registered agent.	stated corporation, I further agree to ince of my duties,	
(Signature	of Registered Agent)	3 - 25 · 97 (Date)	<u></u>	
If signing on be	half of an entity:			
St. Louis, (Typed or	Guerra & Delgado, P.A. Printed Name)	Vice President (Capacity)		

FILING FEE: \$35.00