## P.95000040701

Address  City/State/Zip Phone #		9000043679290 -06/06/0101078004 ****105.00 *****35.00
CORPORATION NAME(S) & DOCUM	TENT NUMBER(S), (if	Office Use Only known):
1. (Corporation Name)	(Document #)	ALLAH ASSE
Corporation Name)  3.	(Document #)	PW 3: 06 EFLORID
(Corporation Name)  4	(Document #)  (Document #)	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment	A., Officer/Director red Agent
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QU  Foreign Limited Partnershi Reinstatement Trademark Other	
		Evaminar's Initials

CR2E031(7/97)

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

the undersigned	e provisions of sections 607.0302, 617.0302, for corporation organized under the laws of the	State ofFLORI	DA
	owing statement in order to change its registe	ered office or register	red agent, or both, in
the State of Flor	rida. the corporation: HEALTH NETWORK SE	RVICES, INC.	
1. The name of	the corporation		
2. The mailing	address of the corporation: 2600 Doug1	as Road, Suite	710
, <del></del>		es, FL 33134	
3. Date of inco	rporation/qualification: 5/23/1995	Document number	. <u>P95000040701</u>
4. The name an	d address of the current registered agent and o	ffice:	
	Annette C. Onorati		ral ol
	2600 Douglas Road, Suite 7	10	AF LE T
	Coral Gables, FL 33134		ASS ASS
5. The name an	d address of the new registered agent (if change		office (if changed):
	(P. O. Box Not Accept	able)	To s
	Joseph L. Caruncho		OG DRID
	2600 Douglas Road, Suite 7	10	<b>&gt;</b>
	Coral Gables, FL 33134		
The street addr	ress of its registered office and the street addr	ess of the business of	ffice of its registered
	ged, will be identical.  yas authorized by resolution duly adopted by	its board of directors	or by an officer so
authorized by	the board.		
			6/1/01
(Signaturg	of an officer, chairman or vice chairman of the board)		(Date)
Joseph l	L. Caruncho, President and Di (Printed or typed name and title)	rector	to the state of th
Having been n corporation, I I further agree performance o registered age	amed as registered agent and to accept servi hereby accept the appointment as registered to comply with the provisions of all statutes of my duties, and I am familiar with and accep nt.	ce of process for the agent and agree to a relative to the prope pt the obligation of m	above stated ict in this capacity. r and complete ry position as
		6/1/	<u> </u>
	(Signature of Registered Agent)	(Date)	,
If signing on beha	alf of an entity:	-	
·	(Typed or Printed Name)	(Capacity)	<u> </u>
	(->1	`	

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