

Division of Corporations

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P95000061394

Florida Department of State

Division of Corporations

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Account Name : MORGAN LEWIS & BOCKIUS LLP
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

SUNRISE COMMUNITY HEALTH CENTER, INC.

Certificate of Status	0
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1/9/02

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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,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation: Sunrise Community Health Center, Inc.

2. The mailing address of the corporation: 1172 Dixie Hwy, PMB 101, Coral Gables, FL 33146

3. Date of incorporation/qualification: 08/09/1995 Document number: P95000061394

4. The name and address of the current registered agent and office:

Phillip E. Goss, Jr., Esq.

7845 S.W. 53rd Place

Miami, FL 33146

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

John S. Fletcher, Esq.

First Union Financial Center

200 S. Biscayne Blvd., Ste. 5300, Miami, FL 33131

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.

(Signature of an officer, chairman or vice chairman of the board)

10/30/01
(Date)

John Rebstock, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

1.9.02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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