

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

FAMILY FOCUS INFUSION, INC.

Certificate of Status	0
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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 Scautes, this statement of change is submitted for a corporation organized under the laws of the State of Florids , in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: FAMILY FOCUS INPUSION, INC. The principal office schloss; 4417 Beach Boulevard, Suite 101, Jacksonville, FL 32207 3. The mailing address (if different): Document number: P95000068811 4. Date of incorporation/qualification: 9/1/1991 5. 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) Arun G. Tahiliani 4417 Beach Boulevard, Suite 101 Jacksonville, FL 32207 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): C T Corporation System e/o C T Corporation System, 1200 South Pine Island Road (P.O Bux NUT acceptable) Plantation, Florida 33324 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 in by an officer so authorized by the board, or the corporation has been nutrified in writing of the change. SOPER आकृतिक विकास का महिला का महिला कर PINKED OF TYPEU NEMS END TITLE I hereby accept the appointment as registered usent and upres to act in this canonity. 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 over). Or, if this document is being filed morely to reflect a change in the registered affice address. I hereby confirm that the corporation has been notified in writing of this change. Comoration System David J. Berezowski esistant Secretary If signing on behalf of an entity: (Typed or Printed Name) * * * FILING FRE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Cordorations, P.O. Box 6327, Tallahassee, FL 32314

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