

P95000081678

ADORNO & ZEDER  
A PROFESSIONAL ASSOCIATION

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June 26, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

100002225861--9  
-06/30/97--01024--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: INSTITUTE FOR HEALTH AND HEALING OF JACKSONVILLE, INC.

Dear Sir/Madam:

Enclosed please find an executed Statement of Change of Registered Office or Registered Agent or Both for the above-captioned corporation, along with a check in the amount of \$35 made payable to the Florida Department of State. Please file this document and provide the undersigned with confirmation thereafter.

Thank you in advance for your attention to this matter. Please feel free to contact the undersigned directly at (305) 860-7098 if you have any questions.

Sincerely,

ADORNO & ZEDER, P.A.

*Justin T. Wilson*  
Justin T. Wilson  
Legal Assistant

encl.

R.A./Change

FILED  
97 JUN 30 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VJW 7-7-97

**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.

1a. The name of the corporation is: Institute for Health and Healing of Jacksonville, Inc

1b. The mailing address of the corporation is : 3275 West Hillsboro Road, Suite 207  
Deerfield Beach, FL 33442

1c. Date of incorporation: 10/24/95 Document number: P95000081678

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

Richard M. Spector

3275 West Hillsboro Road , Suite 207

Deerfield Beach, Florida 33442

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Alan I. Miller, M.D.

3275 West Hillsboro Road, Suite 207

Deerfield Beach, Florida 33442

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.

X Alan I. Miller, M.D., President  
(Signature of an officer, chairman or vice chairman of the board)

X 6/30/97  
(Date)

Alan I. Miller, M.D., 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.

X Alan I. Miller, M.D.  
(Signature of Registered Agent)

X 6/30/97  
(Date)