

P96000050042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300082237423

FILED

2006 DEC 19 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 DEC 19 PM 12:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

R.A. Charge

C. Coullatte DEC 19 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 649365 7552596

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : December 7, 2006

ORDER TIME : 10:43 AM

ORDER NO. : 649365-605

CUSTOMER NO: 7552596

CHANGE OF AGENT

NAME: HERITAGE/SUMMIT HEALTHCARE,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HERITAGE/SUMMIT HEALTH CARE, INC.
2. The principal office address: 2310 Commerce Point Dr., Lakeland, FL 33801
3. The mailing address (if different): P. O. Box 988, Lakeland, FL 33802-0988
4. Date of incorporation/qualification: 06/10/1996 Document number: P96000050042

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ricky T. Hodges

2310 Commerce Point Dr.

Lakeland, FL 33801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC 19 PM 1:42

FILED

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, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Maureen Cullen, Attorney in Fact

(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: 
(Signature of Registered Agent)

12/19/06

(Date)

If signing on behalf of an entity:

Elizabeth A. Dawson, Asst. Vice President

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)