P96000084185

(Da	equestor's Name)	
(Re	equestors Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
<u></u>	ısiness Entity Name)	
(60		
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Curried Impherophicans ha	Filing Officer	
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
JALLAHASSEE, FLORIC

APPROVEU AND FILED

R.A. Change

G. Coulliette OCT 0 1 2007



ACCOUNT NO.	: 07210000	00032		
REFERENCE	: 234437	109186B		
AUTHORIZATION	:	V. Noo		
COST LIMIT	: \$ 35	mel de man		
ORDER DATE : September 19, 20	07			
ORDER TIME : 9:45 AM				
ORDER NO. : 234437-680)			
CUSTOMER NO: 109186B				
CHANGE OF AGENT NAME: NORTH OLALOOSA CLINIC CORP.				
. NAME: NORTH CHARCOS				
PLEASE RETURN THE FOLLOWING AS	PROOF OF FI	LING:		
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Harry B. Davis	s EXT#.29	926		
	EXAMINER	R:		

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or regist	nized under the laws of the State of Florida	
1. The name of the corporation: NORTH OKALO	OOSA CLINIC CORP.	
2. The principal office address: 4000 Meridian Bl	vd., Franklin, TN 37067	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 10/11/1996	Document number: P96000084185	
5. The name and street address of the current registered a Florida Department of State:	agent and registered office on file with the	
NRAI Services, Inc.		
2731 Executive Park Drive, S	Suite 4 $\frac{\pi}{2}$ Suite 4	1
Weston, FL 33331	LAH	3
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office	- 177 -
Corporation Service Compan	ly SE	·
1201 Hays Street	DF P	
(P.O. Box NOT acceptable	е)	
Tallahassee, FL 32301		
The street address of its registered office and the stree as changed will be identical.	t address of the business office of its registered agent,	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so notified in writing of the change.	
Units ad	Elizabeth A. Dawson, Attorney In Fact	
I hereby accept the appointment as registered agent a l further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the obdocument is being filed merely to reflect a change in t corporation has been notified in writing of this change. Corporation Service Company	(Printed or typed name and title) and agree to act in this capacity. attutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the e.	
Den C	09/12/2007	
(Signature of Registardi Agent)	(Date)	
If signing on behalf of an entity:		
Sylvia Queppet, Asst. Secretary (Typed or Printed Name)		
* * * FILING F	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)