STRAWN, MONAGHAN & COHEN, P.A.

54 NORTHEAST FOURTH AVENUE DELRAY BEACH, FLORIDA 33483 Attorneys and Counselors

JEFFREY L COHEN*
JOSE L. LORENZO TIMOTHY E. MONAGHAN ELIZABETH L. STRAWN JOEL T. STRAWN

Of Counsel: TERRY MEEK* *Board Certified in Health Care Law TELEPHONE (561) 278-9400 TELECOPIER (561) 278-9462

Broward County Medical Association Building 5101 N.W. 21st Avenue, Suite 440 Ft. Lauderdale, Florida 33309 (954) 484-0016

> P.O. Box 13441 Tallahassee, Florida 32317-3341 (904) 893-7821

September 3, 1997

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

-09/05/97--01054--009 *****35.00 *****35.00

Re:

Family Assistance Network of Daytona Beach,

Florida, Inc.: Document Number P96000099042

Gentlemen:

I have enclosed a Statement of Change of Registered Office or Registered Agent or Both for Corporations for filing with reference to the captioned corporation. Also enclosed is our check for \$35.00 in payment of the filing fee.

Please return the duplicate copy of the Statement of Change form to our office stamped with the date of filing. I have also enclosed a self-addressed, stamped envelope for your convenience in returning the copy to me.

JLL/mk **Enclosures**

John S. Carbone, D.C.

Florida Department of State, Sandra B. Mortham, Secretary of State

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 is:	FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH, FLORIDA, INC.
2. The mailing address of the corporation is: 221 Osceola Avenue, Daytona Beach, Florida 32114	
3. Date of incorporation/qualification 4. The name and address of the cur	on: December 6, 1996 Document number: P96000099042 rent registered agent and office:
William C. Win	aters, M.D.
101 Corsair Dr	ive
Daytona Beach,	FL 32114 TS 19
5. The name and address of the new	w registered agent and office: (P.O. Box Not Acceptable)
John S. Carbon	
221 Osceola Av	
Daytona Beach,	
The street address of its registered agent, as changed, will be identical	office and the street address of the business office of its registered
Such change was authorized by resauthorized by the board.	solution duly adopted by its board of directors or by an officer so
	8/11/97
(Signature of la of chairman or vice c	hairman of the board) (Date)
ohn S. Carbone, D.C.,	President (Printed or typed name and title)
Having been named as registered a linereby accept the appointment a comply with the provisions of all sand I am familiar with and accept	agent and to accept service of process for the above stated corporation, s registered agent and agree to act in this capacity. I further agree to tatules relative to the proper and complete performance of my duties, the obligation of my position as registered agent.
	8/11/97
John Signature Roustered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

FILING FEE: \$35.00

CR2E045(1/95)