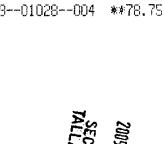
(Requestor's Name) 901 George Bush Blud (Address) Delvay Beach F1 33483 (Address)	200142206262
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	·
(Business Entity Name)	02/16/0901028004 **7
(Document Number) Certified Copies Certificates of Status	SECR TALLA
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TSIA FEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	e corporation: M.E.M. OF MARTIN COUNTY FLORIDA, INC.	
2. The principal of	office address: 1001 VISTA DEL MAR DRIVE NORTH	
DELRA	AX BEACH, FL 33483	
3. The mailing add	dress (if different):	
4. Date of incorpo	pration/qualification: 8/20/1997 Document number: 2007 P97000003105	
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	
-	EDWARD P. SCHMITZER	
_	SMOAK DAVIS & NIXON LLP	ı
	TSTA NERA STREET. JACKSONVILLE, EL 32204	ę
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office 200	,
	PETER H. CARNEY, ESO.	
_	901 GEORGE BUSH BLVD.	
	(P.O. Box NOT acceptable)	
_	DELRAY BEACH, FL 33483	
The street address as changed will be	s of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
Kevri J. (Signafure	KEVIN J. O'DONNELL, DIRECTOR (Printed or typed name and title)	
of my duties, and document is being corporation has b	the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the been potified in writing of this change.	
If signing on beha		
(Typ	ped or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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