

P97000044561

Requestor's Name

PHILIP E. GOSS, JR., P.A.
1172 South Dixie Highway Suite 188
Coral Gables, Fl. 33146

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

FILED
 98 AUG 26 PM 4: 32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 *****35.00 *****35.00

R. A. Charge
9-1-98

Examiner's Initials *LFB*

FILED

STATEMENT OF CHANGE OF REGISTERED AGENT

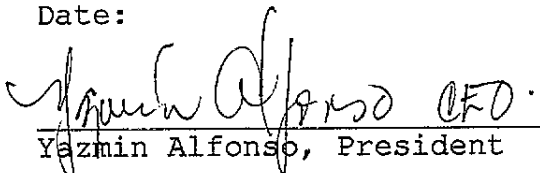
98 AUG 26 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of FSA § 607.0502, the undersigned corporation organized under the laws of the state of Florida submits the following statement in order to change its registered agent in the state of Florida.

1. The name of the corporation: **New Hope Clinic Center, Inc.**
2. The mailing address of the corporation is: **7000 West 12th Avenue, Suite 22, Hialeah, FL 33014**
3. Date of incorporation: **May 20, 1997**
4. Document number: **P97000044561**
5. The name and address of the current registered agent and office: **Yazmin Alfonso, 8956 NW 120th Street, Hialeah Gardens, FL 33016**
6. If applicable, the name of the new registered agent: **Clairvel Victores,**
7. If applicable, the (new) street address of the (new) registered agent: **7000 West 12th Avenue, Suite 22, Hialeah, FL 33014**
8. The street address of the corporation's registered office and the business office of its registered agent, as changed, will be identical.
9. Such change was authorized by resolution duly adopted by the board of directors or by an officer so authorized by the board.
10. These changes will be effective upon filing.

Date:



Yazmin Alfonso, President

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.

Clairvel Victores
Clairvel Victores,
Registered Agent

7/15/98
Date