## P97000083774

Global Healthcare Services, Inc. 3551 Bonita Bay Blvd. Bonita Springs, FL 34134

500003341495--9 -08/01/00--01015--009 \*\*\*\*\*35.00 \*\*\*\*\*35.00

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## NEW FILINGS AMENDMENTS Profit Amendment

 Protit	J	Amendment
Not for Profit		Resignation of R.A., Officer/Director
Limited Liability		Change of Registered Agent
Domestication		Dissolution/Withdrawal
Other		Merger

Annual Report	☐ Foreign	3774
Fictitious Name	Limited Partnership	~ <del>*</del>
	Reinstatement	$c^{\sigma}$
	Trademark	1
	Other Of One	

Examiner's Initials

CR2E031(7/97)

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

	provisions of sections corporation organized:			
	owing statement in orde		. a. v)	
<del>-</del>		obal Staffing & S	ervices, Incorpora	teđ
_	address of the corporation	nis: 3551 Bonita B	ay Blvd.	
3. Date of inco	rporation/qualification:_	9/25/1997	Document number: P9	7000083774
4. The name an	d address of the current r	egistered agent and off	ice:	
	Mourick, David	J., Esq.	- · · -	SEC.
	3551 Bonita Bay	Blvd.		
	Bonita Springs,			SSE SSE
5. The name and	d address of the new reg	istered agent and office	(P. O. Box Not Accepta	ible) 🗀 🕦
-	J. Edward Goff,	Esq.	·	110:2 STAT FLORI
•	7079 Mill Pond	Circle	,	REAL 2
	Naples, FL 3410	9		
	ess of its registered officed, will be identical.			
Such change w	as authorized by resolutine board	ion duly adopted by its		
(Signature	of an officer, chairman or vice of	<del>-</del>	7/27/20 (Date)	100
Donald F 1	Finn, President & C	œ∩		•
DOTATO E. J	(Printed or typed name an		<del></del>	-
Having been no corporation, I i I further agree- performance of registered agen	imed as registered agen tereby accept the appoir to comply with the provi my duties, and I am fan	t and to accept service atment as registered ag isions of all statutes re viliar with and accept t	of process for the above tent and agree to act in t lative to the proper and the obligation of my pos	slated his capacity. complete ition as
registered agen	Alend Si		7/27/20	100
, , , , , , , , , , , , , , , , , , ,	ignature of Regustered Agents		(Date)	
If signing on behal	Fof an entity:			ι .
	Typed or Printed Name)		(Capacity)	P4
	***	FILING FEE: \$35,00	· ) # fr #	
CR2E045(7/97)				
	ivision of Corporations	P.O. Box 6327	Tallahassee, FL 32314	