

P97000106941

Requester's Name

~~Cyber-Care~~

2500 Quantum Lakes Drive
Suite 1000
Boynton Beach, Florida 33426

City

#

200004849912--1
-01/31/02--01018--010
*****35.00 *****35.00

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

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 31 AM 10:52

RA/RO Chang
Examiner's Initials (10)

2/1/02

**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 : SOUTHEAST MEDICAL CENTERS, INC.

2. The mailing address of the corporation : 2500 Quantum Lakes Drive, Suite 1000,
Boynton Beach, FL 33426

3. Date of incorporation/qualification: 12/19/97 Document number: P97000106941

4. The name and address of the current registered agent and office:

Rodger L. Hochman

2500 Quantum Lakes Drive, Suite 1000

Boynton Beach, FL 33426

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box Not Acceptable)

Scott McCoy

318 S. State Road 7

Margate, FL 33068

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Scott McCoy
(Signature of an officer, chairman or vice chairman of the board)

1-22-02
(Date)

SCOTT MCCOY V.P.
(Printed or typed name and title)

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.

Scott McCoy
(Signature of Registered Agent)

1-22-01
(Date)

If signing on behalf of an entity:

SCOTT MCCOY
(Typed or Printed Name)

V.P.
(Capacity)

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

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