

S05509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

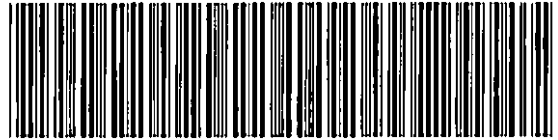
(Business Entity Name)

(Document Number)

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18 JUN 27 PM 1:53
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
JUN 27 2018

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2018 JUN 27 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN 28 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 277955 7991206

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : June 27, 2018

ORDER TIME : 1:27 PM

ORDER NO. : 277955-005

CUSTOMER NO: 7991206

CHANGE OF AGENT

NAME: AMERICAN HEALTH ASSOCIATES,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN HEALTH ASSOCIATES, INC.
2. The principal office address: 15712 SW 41 STREET STE 16-20 DAVIE, FL 33331

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/12/1990 Document number: S05509

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

TIMOTHY M. MARTIN

2893 EXECUTIVE PARK DRIVE, SUITE 204

WESTON, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street


P.O. Box NOT acceptable

Tallahassee

FL 32301

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, or the corporation has been notified in writing of the change.


Signature of an officer or director

Tim Downward CFO
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Emily Croft
Signature of Registered Agent

06/27/2018
Date

If signing on behalf of an entity:

Emily Croft

Asst. Vice President
Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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