

ACCOUNT NO. :

072100000032

REFERENCE

805296

7101641

AUTHORIZATIOÑ

COST LIMIT :

\$ 35.00

ORDER DATE: May 4, 1998

ORDER TIME :

2:06 PM

ORDER NO. : 805296

CUSTOMER NO: 7101641

CUSTOMER: Mr. Don Stadelli

Nations Healthcare Inc.

1000 Mansell Exchange West

Suite #230

Alpharetta, GA 30202

CHANGE OF AGENT

NAME: NATIONS HEALTHCARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

carrected per Gail

DIVISION OF CORPORATION

Florida Department of State, Sandra B. Mortham, Secretary of State

212 841 5725;

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

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

Pursuant to the	provisions of sections 607.0502, 617.0502, 607.150	08, or 617.1508, Florida Statutes, the	2
undersigned cor	rporation organized under the laws of the State of Fi owing statement in order to change its registered of	CORLDA. Tice or registered agent, or both, in th	!e
submus the jour State of Florida		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	the corporation is: NATIONS HEALTHCARE, INC.		
1. Inchamber			
2. The mailing	address of the corporation is: NATIONS HEALTHCARE.	INC., 1000 MANSELL EXCHANGE WE	ST.
SUITE 230	, ALPHARETTA, GA 30202		
3. Date of incom	rporation/qualification: 11/21/90 Doc	cument number: <u>\$14703</u>	
4. The name an	ed address of the current registered agent and office:	SEC TALL	
	CHARLIE LAGER	CRETAN	
	5525 ROOSEVELT BLVD.	HASS	
	JACKSONVILLE, FL 32244	O BoxNot Acceptable)	
5. The name ar	nd address of the new registered agent and office: (P.	O. Box Not Acceptable)	
	Corporation Service Company		
	1201 Hays Street	OF -	
	Tallahassee, FL 32301		
agent, as chan	bress of its registered office and the street address of ged, will be identical.		đ
Such change vauthorized by	was authorized by resolution duly adopted by its b	operation of directors or by an officer so	
(Signatur	the of an officer, chairman or vice chairman of the board) HUURIXUL FREE MAN TREASUR	(Date)	
organica	(Printed or typed name and title)	(Date)	
Having been s corporation, l I further agre performance registered age	named as registered agent and to accept service of I hereby accept the appointment as registered agen to to comply with the provisions of all statutes rela of my duties, and I am familiar with and accept the	of process for the above stated nt and agree to act in this capacity. Unive to the proper and complete the obligation of my position as	
iegisieren ag	d (
	(Signature of Registered Agent)	(Date)	
If signing on be	holf of an entiry:	A 5	
G	sail Shelby	HS agent	
	(Typed or Printed Name)	(Capacity)	
CR2E045(3/96)	0000 'AV	:038 4:48PN CSC	.YS .tqA
7\\alpha .q	005 BBB 1018 -> BWHW8K: 5=86 €		SOUTHON