52513



ACCOUNT NO. : 07210000032

REFERENCE: 805296 7101641

AUTHORIZATION

ORDER DATE: May 4, 1998

ORDER TIME : 2:05 PM

ORDER NO. : 805296

CUSTOMER NO: 7101641

600002510196--9

CUSTOMER: Mr. Don Stadelli

Nations Healthcare Inc. 1000 Mansell Exchange West

Suite #230

Alpharetta, GA 30202

CHANGE OF AGENT

NAME:

NATIONS HEALTHCARE OF

CHARLOTTE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

RECEIV...
98 MAY -4 PH 3: 18
90 IVISION OF CORPORATION &

corrected per snalby

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

* * * 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, 607.1508, or 617.1508, undersigned corporation organized under the laws of the State of FLORIDA	Florida .	Statutes, t	he
submits the following statement in order to change its registered office or registered	agent, o	r both, in t	 the
State of Florida.	-6-100, 01		···
1. The name of the corporation is: NATIONS HEALTHCARE OF CHARLOTTE, INC.			
	·		-
2. The mailing address of the corporation is: NATIONS HEALTHCARE, INC., 1000 MA	nsell ei	KCHANGE W	BST.
SUITE 230, ALPHARETTA, GA 30202			
3. Date of incorporation/qualification: 7/22/92 Document number:	V52513		
4. The name and address of the current registered agent and office:		•	
		SE! TALL	2
CHARLIE LAGER			
5525 ROOSEVELT BLVD.		DREIA AHAS	
JACKSONVILLE, FL 32244		SSE SSE	
5. The name and address of the new registered agent and office: (P. O. BoxNot Acce	ptable)		
Corporation Service Company		STAT	
1201 Hays Street			>
Tallahassee, FL 32301			
The street address of its registered office and the street address of the business of agent, as changed, will be identical.	fice of its	s registere	đ
Such change was authorized by resolution duly adopted by its board of directors authorized by the board.	or by an	officer so	
1+1-7/ H/1/ 1/	20168		
	Date)		
STEPHEN H MURDOCK SELECTARY/TREASURER			
(Printed or typed name and title)	(Date)		
Having been named as registered agent and to accept service of process for the a corporation, I hereby accept the appointment as registered agent and agree to ac I further agree to comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligation of my registered agent.	t in this (and com	capacity. volete	
Lace shear			
(Signature of Registered Agent) (Date)	• • •		•
If signing on behalf of an entiry:	. 1		
Gail Shelby As age	1/1×		
(Typed or Printed Name) (Capacity Ch2E045(396)	נו		

No. 9538 P. 5/7

Apr. 27. 1998 4:48PM CSC

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