

Requestor's Name
~~Requestor's Name~~ **PO4 118**

Address
 1301 Meccasukee Rd

City/State/Zip *Phone #*
 Tallahassee, FL 32308 942-8585

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LOCAL HEALTHCARE ASSOCIATES, INC. PO4 118
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. _____
 (Corporation Name) (Document #)

4. _____
 (Corporation Name) (Document #)

FILED
 JAN 10 AM 3:49
 TALLAHASSEE
 FLORIDA
 CHANGE

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 *****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
 JAN 10 AM 11:41
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

*Call when ready
 942-8585
 Jenny*

Examiner's Initials JDR

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 Georgia 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 is: Ocala Healthcare Associates, Inc.

2. The mailing address of the corporation is: 2459 William Ct
Atlanta Ga 30360

3. Date of incorporation/qualification: 6/1/84 Document number: #P04118

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

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
R. BRUCE MCKIBBEN, JR.
1301 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

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 STATE OF FLORIDA
 TALLAHASSEE

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.

Winston A. Porter (Signature of an officer, chairman or vice chairman of the board) 12/31/99 (Date)

Winston A. Porter Pres./Sec.
(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.

R. Bruce McKibben, Jr. (Signature of Registered Agent) 1-2-00 (Date)

If signing on behalf of an entity:
R. BRUCE MCKIBBEN, JR.
(Typed or Printed Name) (Capacity)

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