

765654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

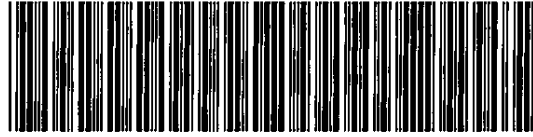
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA HOSPICES AND PALLIATIVE CARE
(Name of Corporation)

DOCUMENT NUMBER: 765654

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY TOLSON
(Name of Contact Person)

FLORIDA HOSPICES AND PALLIATIVE CARE
(Firm/Company)

2000 APALACHEE PARKWAY, SUITE 200
(Address)

TALLAHASSEE, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY TOLSON at (850) 878-2632
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: FLORIDA HOSPICES AND PALLIATIVE CARE, Inc.
- 2. The principal office address: 2000 APALACHEE PARKWAY
TALLAHASSEE, FL 32301
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11-03-82 Document number: 765654

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Paul A. Lidford
1616 D Metropolitan Dr
Tallahassee, FL 32308

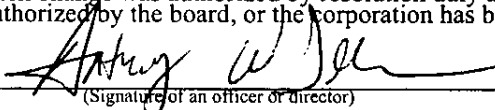
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANTHONY TOLSON, FLORIDA HOSPICES AND PALLIATIVE CARE
2000 APALACHEE PARKWAY, SUITE 200
(P.O. Box NOT acceptable)
TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA

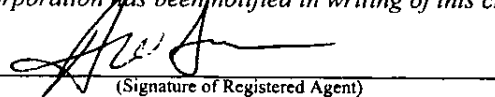
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Anthony W. Tolson
(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.


(Signature of Registered Agent)

4/30/07
(Date)

If signing on behalf of an entity:

Anthony W. Tolson
(Typed or 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