

LO8000043056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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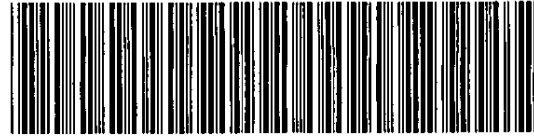
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MAY 21 2013

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DATE: 5/20/13

NAME: HOME HEALTH AGENCY - ILLINOIS, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

*Attocks*

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: HOME HEALTH AGENCY - ILLINOIS, LLC

2. (a) Principal office address of limited liability company: 510 HOSPITAL DRIVE SUITE 100 MADISON, TN 37115-5036

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 510 HOSPITAL DRIVE SUITE 100 MADISON, TN 37115-5036

(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: April 29, 2008 4. Document number: L08000043056

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: National Corporate Research, Ltd., Inc. Registered Office Address: 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, 33410

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: National Corporate Research, Ltd., Inc. NEW Registered Office Address: 155 Office Plaza Drive Tallahassee, FL 32301

NEW Registered Agent:

NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Don Borchert Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Mark Thomas, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

FILED 2013 MAY 20 AM 10:33 SECRETARY OF STATE TALLAHASSEE, FL 32301