N00000001148

Kathy L. Fernandez U(Requestor's Name) 12973 Telecom Parking (Address)
(Requestor's Name)
12973 Telecom Parking
Suite 100 (Address)
_
Temple Terrace Fl 33637 (City/State/Zib/Phone #)
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☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LifePath Hospice, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N06000007648
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:
Darrell White, VP/General Counsel
(Name of Contact Person)
LifePath Hospice and Palliative Care, Inc. (Firm/Company)
12973 Telecom Parkway, Suite 100
(Address)
Temple Terrace, Florida 33637 (City/State and Zip Code)
For further information concerning this matter, please call:
Darrell White at (813) 871-8400 (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

<u>Street Address:</u> Amendment Section <u>Division of Corporations</u> 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: LifePath Hospice, Inc.
	office address: 12973 Telecom Parkway, Suite 100, Temple Terrace, Florida 33637
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: July 19, 2006 Document number: N06000007648
	I street address of the current registered agent and registered office on file with the tment of State:
	Tina Dunsford
	Fowler White Boggs Banker, P.A., 501 E. Kennedy Blvd., Suite 1700
	Tampa, Florida 33602
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Kathy L. Fernandez
	12973 Telecom Parkway, Suite 100
	(P.O. Box NOT acceptable)
	Temple Terrace, Florida 33637
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signal	Kathy L. Fernandez, President (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the specific provides in writing of this change.
Zully	produce of Registered Agent) OG-210-06 (Date)
If signing on be	half of an entity:
	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 CR2E045 (8/05)