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HOME HEALTH AGENCY-BROWARD, INC.

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September 16, 2008

FLORIDA DEPARTMENT OF STATE

HOME HEALTH AGENCY-BROWARD, INC. Division of Corporations 11780 W. SAMPLE ROAD SUITE 105 CORAL SPRINGS, FL 33065

SUBJECT: HOME HEALTH AGENCY-BROWARD, INC.

REF: P01000111371

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Darlene Connell Regulatory Specialist II FAX Aud. #: E08000215020 Letter Number: 608A00050337

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 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.

2. The principal office address: 11780 W. SAMPLE ROA	AD SUITE 105
CORAL SPRINGS FL 33065	
3. The mailing address (if different):	
——————————————————————————————————————	Document Number: P01000111371
5. The name and street address of the current registered as Florida Department of State: FRED PORTNOY	gent and registered office on file with the
11780 W. SAMPLE ROAD SUITE 105	
CORAL SPRINGS FL 33065	
6. The name and street address of the new registered agen (if changed): Corporate Creations Network Inc.	t (if changed) and /or registered office
11380 Prosperity Farms Road #221E	
(P.O. Box Not acceptable)	,
Palm Beach Gardens FL 33410	
The street address of its registered office and the street agent, as changed will be identical.	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been notified.	ied in writing of the change.
(Signature of an officer or director)	by S. Simons as attorney-in-fact on behalf of (Printed or Typed name and bill PORTNOY, Secretary)
I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all performance of my duties, and I am familiar with and accagent. Or, if this document is being filed merely to reflehereby confirm, that the appropriation has been notified in which the component of the	agree to act in this capacity. statutes relative to the proper and complete cept the obligation of my position as registered ect a change in the registered office address. I
If signing on behalf of an entity:	
Samantha Simons, Special Secretary (Typed or Printed Name)	
MAKE CHECKS PAYABLE TO FL	ORIDA DEPARTMENT OF STATE
Mail to: Division of Corporations, P	O. BOX 6327, TAILLAHASSBE, FIFS 23
Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107	24 PH 3: O