

DEC.31.1998 1:32PM

XL CORP & RESEARCH

NO.288

P.5/7

12/30/98  
3:38 PM

**P01479**

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

((H98000024382 7))

TO: DIVISION OF CORPORATIONS  
(850) 922-4000

FAX #:

FROM: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
075350000353

ACCT#:

CONTACT: JOSE MOJICA  
PHONE: (212) 431-5000

FAX #:

(212) 431-1441

NAME: KIMBERLY HOME HEALTH CARE, INC.

AUDIT NUMBER.....H98000024382

DOC TYPE.....REGISTERED AGENT CHANGE

CERT. OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE  
FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

98 DEC 31 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

RECEIVED  
98 DEC 31 PM 2:19  
DIVISION OF CORPORATIONS

*PA Change*

*1-4-99*

*DL*

DEC.30.1998

4:08PM

XL CORP & RESEARCH

NO.223

P.1/8

12/30/98

3:38 PM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

((H98000024382 7))

TO: DIVISION OF CORPORATIONS  
(850)922-4000

FAX #:

FROM: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
075350000353

ACCT#:

CONTACT: JOSE MOJICA

PHONE: (212)431-5000

FAX #:

(212)431-1441

NAME: KIMBERLY HOME HEALTH CARE, INC.

AUDIT NUMBER.....H98000024382

DOC TYPE.....REGISTERED AGENT CHANGE

CERT. OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE  
FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

RECEIVED  
98 DEC 30 PM 4:19  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 31, 1998

KIMBERLY HOME HEALTH CARE, INC.  
175 BROAD HOLLOW RD  
MELVILLE, NY 11747-8905US

SUBJECT: KIMBERLY HOME HEALTH CARE, INC.  
REF: P01479

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The phone number of the preparer of the original document must be contained in the lower left-hand corner of the first page of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell  
Corporate Specialist

FAX Aud. #: H98000024382  
Letter Number: 698A00061188

Florida Department of State, Sandra B. Mortham, Secretary of State

H98000024382

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 MISSOURI 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: KIMBERLY HOME HEALTH CARE, INC.

2. The mailing address of the corporation is: 175 BROAD HOLLOW RD., MELVILLE NY 11747

3. Date of incorporation/qualification: 12/28/95 Document number: P01479

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802

FILED
98 DEC 31 PM 4:29
SECRETARY OF STATE
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.

(Signature of an officer, chairman or vice chairman of the board)

12/30/98
(Date)

JOSE MOJICA, ASST. SECY.
(Printed or typed name and title)

(Date)

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.

(Signature of Registered Agent)

12/30/98
(Date)

If signing on behalf of an entity:

MARC MOEL
(Typed or Printed Name)

ASSISTANT SECRETARY
(Capacity)

CR2E045(4/95) Blumber Excelsior
62 White Street
New York, NY 10013
212 431 5000 ext. 640

FILING FEE: \$35.00
H98000024382