

P9700005052

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
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RECEIVED  
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REGISTERED AGENT CHANGE  
ALLIANCE CARE OF WEST FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

APPROVED  
AND  
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1/29/10  
Handwritten initials and date

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alliance Care of West Florida, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P97000050526

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:

Shannon McGuire

Name of Contact Person

Bingham McCutchen LLP

Firm/Company

One Federal Street

Address

Boston, MA 02110

City/State and Zip Code

shannon.mcguire@bingham.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon McGuire

Name of Contact Person

at ( 617 951-8075

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, 607.1304, 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 the corporation: Alliance Care of West Florida, Inc.
2. The principal office address: 2500 Quantum Lakes Drive, Suite 108, Boynton Beach, FL 33426

3. The mailing address (if different):

4. Date of incorporation/qualification: 08/06/1997 Document number: P97000050526

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Daniel Cammarata
2500 Quantum Lakes Drive, Suite 108
Boynton Beach, FL 33426

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

Maxine Hochhauser
2500 Quantum Lakes Drive, Suite 108
Boynton Beach, FL 33426

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 officer or director: Maxine Hochhauser, President

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. If, 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: Maxine Hochhauser Date: 1/28/2010

If signing on behalf of an entity:

Type 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
CIR2010S (10/05)

APPROVED AND FILED
09 JAN 29 PM 12:13
SECRETARY OF STATE
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