

748142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

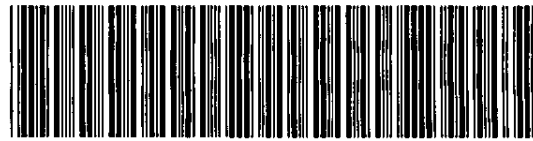
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/14--01005--017 **35.00

APPROVED
AND
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14 OCT 27 AM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

XUENIEN T. J.
1102 CT NW
TALLAHASSEE, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premier Community HealthCare Group, Inc.
Name of Corporation

DOCUMENT NUMBER: 748142

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:

Donna B. DeLong

Name of Contact Person

Premier Community HealthCare Group, Inc.

Firm/Company

P.O. Box 232

Address

Dade City, FL 33526

City/State and Zip Code

ddelong@hcnetwork.org

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

For further information concerning this matter, please call:

Donna B. DeLong

Name of Contact Person

at **352** 518-2000 ext 9014

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, 607.1508, 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 the corporation: Premier Community HealthCare Group, Inc.
2. The principal office address: 37912 Church Avenue, Dade City, FL 33525
3. The mailing address (if different): P.O. Box 839
Dade City, FL 33526
4. Date of incorporation/qualification: 07/1979 Document number: 748142
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)

Kim Schuknecht - resigned

37912 Church Avenue

Dade City, FL 33525

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

Joseph D. Resnick

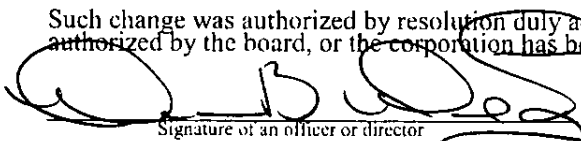
37912 Church Street

P.O. Box NOT acceptable

Dade City, FL 33525

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

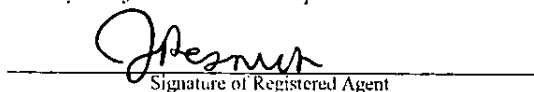
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Donna B. DeLong

Printed or typed name and title

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. Or, 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

10-10-2014

Date

If signing on behalf of an entity:

Joseph D. Resnick

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 (03/12)

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