

F00000003804

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

**RECEIVED
03 MAR 11 PM 5:00
DIVISION OF CORPORATIONS**

**03 MAR 11 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REGISTERED AGENT CHANGE

HOUSECALL MEDICAL RESOURCES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Handwritten:
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03/12
3/12

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Houssell Medical Resources, Inc.
2. The principal office address: 8631 Deane Hill Drive, Knoxville, TN 37919
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/2000 Document number: F00000003804

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Trimble, T.L.

111 North Orlando Avenue

Winter Park, FL 32789

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

Corporation Service Company

1201 Nays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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, director or person authorized to sign)

Alan C. Dahl - 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. 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.

Maureen Cullen

(Signature of Registered Agent)

3/10/03

(Date)

If signing on behalf of an entity:

Maureen Cullen

(Typed or Printed Name)

Asst. Vice President

(Capacity)

*** FILING FEE: \$35.00 ***

MAKES CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314