

Food 4931

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2010 JAN 11 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PA  
Change  
[Signature]

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MERIDIAN HEALTHCARE GROUP, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F00000004931

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:

TOM R. FUTCH  
Name of Contact Person

MERIDIAN HEALTHCARE GROUP, INC.  
Firm/Company

3500 FINANCIAL PLAZA, SUITE 200  
Address

TALLAHASSEE, FL 32312-5900  
City/State and Zip Code

TOM FUTCH@FUTCHGROUP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOM ABBRUSCATO at ( 850 ) 325-7779  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2009

TOM R. FUTCH  
MERIDIAN HEALTHCARE GROUP, INC.  
3500 FINANCIAL PLAZA, SUITE 200  
TALLAHASSEE, FL 32312-5900

SUBJECT: MERIDIAN HEALTH CARE GROUP, INC.  
Ref. Number: F00000004931

We have received your document for MERIDIAN HEALTH CARE GROUP, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 909A00039444

RECEIVED  
TALLAHASSEE, FLORIDA  
2010 JAN 11 AM 8:00

**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: MERIDIAN HEALTHCARE GROUP, INC.
2. The principal office address: 3500 FINANCIAL PLAZA, SUITE 200  
TALLAHASSEE, FL 32312
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/31/2000 Document number: F00000004931
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)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

TOM R. FUTCH

3500 FINANCIAL PLAZA, SUITE 200

P O Box NOT acceptable

TALLAHASSEE, FL 32312

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

TOM R. FUTCH — *PR: S: donet*  
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.*

By: TOM R. FUTCH  
  
Signature of Registered Agent

12/31/09

Date

If signing on behalf of an entity:

TOM R. FUTCH

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 (8/05)