F03000005122

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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

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REGISTERED AGENT CHANGE

WIREGRASS HOSPICE CARE, INC.

Certificate of Status	0
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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 GEORGIA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: WIREGRASS HOSPICE CARE, INC.

2. The principal office address: 3350 RIVERWOOD PARKWAY, STE 1400, ATLANTA, GA 30339

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/15/2003 Document number: F03000005122

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

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRVE., STE # 4
WESTON, FL 33331

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD
(P.O. Box NOT acceptable)
ORLANDO, FL 32811

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 of corporation) JOSE MOJICA, ASST. SECY. (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) 3/31/2006 (Date)

If signing on behalf of an entity:

MARC MOEL, ASST. SECY.
(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

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