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Florida Department of State

Division of Corporations

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Account Name : BUTZEL LONG
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REGISTERED AGENT CHANGE

FAMILY HOME HEALTH CENTERS, INC.

Certificate of Status	0
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Estimated Charge	$35.00

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

1. The name of the corporation: FAMILY HOME HEALTH CENTERS, INC.
2. The principal office address: 801 W. Ann Arbor Trail, Suite 200, Plymouth, Michigan 48170
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/7/05 Document number: F05000002174
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)

   Corporation Service Company
   1201 Hays Street
   Tallahassee, FLorida 32301-2525

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

   James H. Pilkington
   6829 Porto Fino Circle
   (P.O. Box NOT acceptable)
   Fort Myers, Florida 33912

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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) Kevin R. Ruark, President (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) March 9, 2009 (Date)

James H. Pilkington

If signing on behalf of an entity:

JAMES H. PILKINGTON, FAMILY HOME HEALTH SERVICES
(Typed or Printed Name)

* * * FILING FEE: 535.00 * * *

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

CR2E045 (8/05)

#113018-01/876085

BUTZEL LONG
ATTORNEYS AND COUNSELORS

Stoneridge West
41000 Woodward Avenue
Bloomfield Hills, MI 48304-2949
(248) 258-1616

Fax: (248) 258-1439

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