## F06000000186

(Requestor's Name)				
(Address)				
(Ad	ldress)			
<i>(, , o</i>	aress,			
(Cit	ty/State/Zip/Phone	e #)		
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(Bu	isiness Entity Nan	ne)		
(Document Number)				
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SECRETARY OF STATE
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APPROVED

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: February 13, 2015

Order#: 500504-044

Re: ONWARD HEALTHCARE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	$^{\circ}$ , 617.0502, 607.1508, or 617.1508, Florida S ion organized under the laws of the State of $^{\circ}$		
=	•	or registered agent, or both, in the State of F		
1. The name of	the corporation: ONWARD HEA	ALTHCARE, INC.		
	office address: 64 Danbury Roa			<u>-</u>
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 05/20/20	Document number: F0600000	00186	
	d street address of the current represent of State: (If resigned, ent	gistered agent and registered office on file wit er resigned)	th the	
	NRAI Services, Inc.			
	1200 South Pine Island Road			
	Plantation	FL 33324	: :	
6. The name and (if changed):	I street address of the new regist	tered agent (if changed) and /or registered offi	15 FEB SECRET FALLAHA	
	Corporation Service Company	<i>I</i>	17 ARY SSEI	<u> </u>
	1201 Hays Street		AHII: OF ST E. FLO	8
	P.C Tallahassee	D. Box NOT acceptable FL 32301	: 35 TATE ORIE	
			A	
The street addre as changed will	ess of its registered office and the identical	he street address of the business office of its	registered agent,	
Such change wa authorized by th	as authorized by resolution duly board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	fficer so	
		Denise L. Jackson	Secretary/Sr. VF	د
	re of an other or link of the appointment as registered in	Printed or typed name and title agent and agree to act in this capacity.		
I further agree in performance of agent. Or, if this liereby confirm Corporatio	to comply with the provisions of my duties, and I am familiar wis document is being filed mere that the corporation has been to Service Company	agent and agree to act in this capacity, fall statutes relative to the proper and compith and accept the obligation of my position by to reflect a change in the registered office notified in writing of this change.	olete as registered address, I	
By: $\sum$ (Sign	naty/Afr Registered Agent	7 12-2015 Date		
_	half of an entity:	Date		
	, Assistant Vice President			
	ped or Printed Name	<del></del>		

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	anized under the laws of the State of	Delaware
1. The name of	the corporation: ONWARD HEALTHC	ARE, INC.	
2. The principal	office address: 64 Danbury Road, Wil	ton, CT 06897	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 05/20/2003	Document number: F06000	000186
	d street address of the current registere rtment of State: (If resigned, enter resigned,		vith the
	NRAI Services, Inc.		_
	1200 South Pine Island Road		•
	Plantation	FL 33324	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered or	SECRETA SECRETA
	Corporation Service Company	1	7 AF
	1201 Hays Street		AH II: 35 BRY OF STATE
	P.O. Box N	FL 32301	35 ATE DRIDA
The street addr as changed will	ess of its registered office and the stre	et address of the business office of i	ts registered agent,
Such change wa authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so
riemos	ure of an other or hydotor	Denise L. Jackson  Printed or typed name and to	Secretary/Sr. VP
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent to comply with the provisions of all si my duites, and I am familiar with am is document is being filed merely to r that the corporation has been notified on Service Company	and agree to act in this capacity, tatutes relative to the proper and cor d accept the obligation of my positio effect a change in the registered offi	
By: Sie	gnatura of Registered Agent	7-12-2010 Date	<u> </u>
If signing on be	chalf of an entity:		
Sylvia Queppe	t, Assistant Vice President		
Т	Typed or Printed Name		

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