

F07000003801

(Requestor's Name)



4085 Embassy Parkway
Akron, Ohio 44333

☐

PICK-UP

☐

WAIT

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MAIL

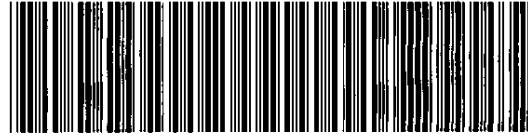
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/10--01005--011 **35.00

FILED
10 JUL 15 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
C. COULLIETTE

JUL 15 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
JUL 01 2010
BY:

June 25, 2010

CAMBRIDGE HOME HEALTH CARE
4085 EMBASSY PKWY
AKRON, OH 44333

SUBJECT: BRIDGEPORT HOME HEALTH CARE HOLDINGS, INC.
Ref. Number: F07000003801

We have received your document for BRIDGEPORT HOME HEALTH CARE HOLDINGS, 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):

You have used the form for an alien business organization to change the agent. I have enclosed the correct form for a Florida or Foreign qualification to change the agent.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 610A00015724

** Corrected Form is Attached **

RECEIVED
JUL 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Bridgeport Home Health Care Holdings, Inc.

2. The principal office address: 10661 Airport Pulling Rd. Ste. 9, Naples, FL 34109

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/27/2007 Document number: F07000003801

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 Rd.

Plantation, FL 33324

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

Nancy Diller-Shively, President and CEO

10661 Airport Pulling Rd. Ste. 9

P.O. Box NOT acceptable

Naples, FL 34109

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.

Nancy Diller-Shively
Signature of an officer or director

Nancy Diller-Shively, President and CEO
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.

Nancy Diller-Shively
Signature of Registered Agent

7-5-10

Date

If signing on behalf of an entity:

Nancy Diller Shively

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)