

FD8000002988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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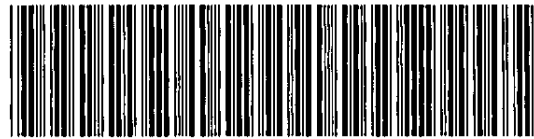
(Business Entity Name)

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TALLAHASSEE, FLORIDA

*R.A. Choate*

C.COULLIETTE

OCT 31 2008

EXAMINER



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 773568 7128165

AUTHORIZATION

COST LIMIT : \$ 35.00

*[Handwritten signature]*

ORDER DATE : October 28, 2008

ORDER TIME : 9:52 AM

ORDER NO. : 773568-013

CUSTOMER NO: 7128165

CHANGE OF AGENT

NAME: USA SENIOR CARE NETWORK, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of the corporation: USA SENIOR CARE NETWORK, INC.
2. The principal office address: 916 S. Capital of Texas Highway, Austin, TX 78746
3. The mailing address (if different): 7301 N. 16th Street, Suite 201, Phoenix, AZ 85020
4. Date of incorporation/qualification: 07/03/2008 Document number: F08000002988
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 Drive, Suite 4

Weston, FL 33331

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

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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.

Shirley Parks  
(Signature of an officer or director)

Shirley Parks, Assistant Secretary  
(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.*

Corporation Service Company  
By: [Signature]  
(Signature of Registered Agent)

10/30/01  
(Date)

If signing on behalf of an entity:

Elizabeth A. Dawson, Asst. Vice President  
(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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