Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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(((H11000014658 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Phone

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for finite annual report mailings. Enter only one email address please.

Ema	11	Address	٠

REGISTERED AGENT CHANGE CYPRESS CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment : Division of C		•	
SUBJECT:	Суртски Саге,	ina.	,
	Name of Co	poration .	•
DOCUMENT NUM	BER:F090	00001972	
The enclosed Stateme	nt of Change of Registered Office	Agent and fee are submitted for fi	ling.
•	spondence concerning this matter		
	Series Annual Company of the Company	,	
	Tom Q	MITT .	
٠ ,	Name of Cont	of Person	
		•	
	Cyprose Ca	re, Inc.	
	Firm/Con	pany	
	,		•
	2736 Meadow Church		
	Addre		
	Duluth, GA		
•	City/State and	Lip Code	
	tom.oram@bealthcare	moo.enoitulos	
E-n	nail address: (to be used for fut	re annual report notification)	
v further information	concerning this matter, please call	,	
	ndray Sexton	at (678) 730-16	
Name of	Contact Person	Area Code & Daytime Teleph	one Number
iclosed is a \$35.00 ch	cok made payable to the Departme	nt of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Amendment Section Division of Corporations	Division of Corporations	1
•	P.O. Box 6327	Clifton Building	•
	Tallahassee, FL 32314	. 2661 Executive Center C	ircle

Tallahasseo, FL 32301

CR2E045 (8/05)

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

	f change is submitted for a corporation order to change its registered office or		te of Delaware
1. The name	of the corporation: Cypress Care, Inc.	<u> </u>	
	ipal office address: 2736 Meadow Chu		,
3. The maili	ng address (if different):		
4. Date of in	corporation/qualification: 05/14/	2009 Document number:	F090000u1972
5. The name Plorida De	and street address of the current regists partment of State: (If resigned, enter re	ored agent and registered office on fil esigned)	e with the
	Corporation Service Company		
	1201 Hays Street		· · · · · · · · · · · · · · · · · · ·
•	Talishesecc, PL 32301	,	
6. The name a (if changed	and street address of the new registered): C T Corporation System	d agent (if changed) and for registered	1 JAN 18
•	c/o C T Corporation System, 1200 So	outh Pine Island Road	
		ox. NOT scoeptable	
•	Plantation, Plorida 33324	<u>-</u>	- 2
The street add as changed wi	rese of its registered office and the st ill be identical.	reet address of the business office of	of its registered agents
Such change vauthorized by	ves authorized by resolution duly add the board, or the corporation has been	opted by its board of directors or by a notified in writing of the change.	an officer so
10	E. O	Thomas E. Oyam CFO	
-	ive of an officer or another is the appointment as registered agen to comply with the provisions of all nul I am familiar with and accept the thing filed marely to reflect a change it is been notified in writing of this char	t and agree to act in this capacity, statutes relative to the proper and c obligation of my position as registe n the registered office address, I hel	
By: War	Corposation System Local System Corporation System Linear of Regulated Agent	1/14/11	
l signing on be	shalf of an entity:	•	
Marie I	Edwards Asst. Secretary	•	
7	ypod or Fristed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)