F12000002702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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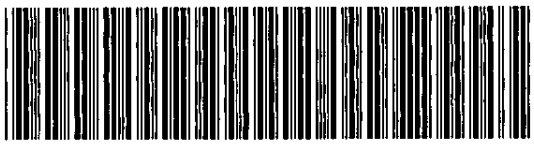

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JAN 17 2013
T. LEMIEUX

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 494603 7910543

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : January 14, 2013

ORDER TIME : 11:04 AM

ORDER NO. : 494603-005

CUSTOMER NO: 7910543

CHANGE OF AGENT

NAME: CENTRALCARE, INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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

1. The name of the corporation: CENTRALCARE, INCORPORATED

2. The principal office address: 7010 Little River Turnpike, Suite 335, Annandale, VA 22003

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/28/2012 Document number: F12000002702

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)

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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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.

Signature of an officer or director

Maureen Cathell, Vice 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.

Corporation Service Company

By:
Signature of Registered Agent

Januaary 14, 2013
Date

If signing on behalf of an entity:

Grace E. Kirby, Assistant VP
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 (03/12)