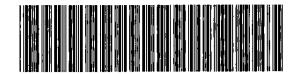
F16000001926

(Reques	tor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ite/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

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16 NOV 22 PM 4: 31

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NOV 2 3 2016 C LEVAGE CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195		
REFERENCE : 372819 4338256		
AUTHORIZATION : Syncholic man		
COST LIMIT : \$\frac{1}{3}\frac{5}{5}.00		
ORDER DATE: November 16, 2016		
ORDER TIME : 9:47 AM		
ORDER NO. : 372819-005		
CUSTOMER NO: 4338256		
FOREIGN FILINGS		
NAME: VITALITY HOME CARE, INC.		
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY		
XXXX AMENDMENT		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Melissa Zender EXT# 62956		

EXAMINER:

COVER LETTER

	Division of Corporations
SUBJ	Vitality Home Care, Inc.
	Name of Corporation
DOC	UMENT NUMBER: F16000001926
The e submi	nclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are itted for filing.
Please	e return all correspondence concerning this matter to the following:
Cindy	R. Reilly
	Name of Contact Person
Kirkla	nd & Ellis LLP
	Firm/Company
601 L	exington Avenue, 39th Floor
	Address
New '	York, New York 10022
	City/State and Zip Code
Marc	yL@trilogyhomehealthcare.com
<u> </u>	E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	osed is a check made payable to the Florida Department of State for the following amount:
	\$\int_{\text{S35.00 Filing Fee}} \int_{\text{Certificate of Status}} \int_{\text{S43.75 Filing Fee}} \& \text{S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)} \int_{\text{S2.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)} \end{array}

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301





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FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the	first calendar year of qualification)	
The name of the foreign corporation as it appear Vitality Home Care, Inc.	s on the records of the Florida Department of State is:	
2. This entity was authorized to transact business in number is F16000001926	n Florida on 4/25/2016 and its Florida document	
3. This corporation was formed under the laws of	Delaware	
4. The name and address of each officer and/or dire		
<u>Title:</u>	Name and Address	
CEO, CFO	Marcella Lynch	
and Director	210 North University Drive Suite 402	
	Coral Springs, FL 33071	
VP, Asst Sec	Barbara Hadley	
and Director	210 North University Drive Suite 402	
	Coral Springs, FL 33071	
VP of Finance	Jeffrey Phillips	
	210 North University Drive Suite 402	
	Coral Springs, FL 33071	
(Attach additional p	ages if necessary)	
analla Lind	Director, CEO and CFO	
nature of an officer or director	Title of person signing	

Marcella Lynch
Typed or printed name of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, Fl. 32314