

# F95000000735

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

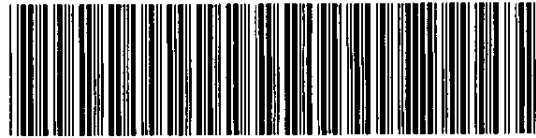
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900244070919



13 FEB 20 PM 3:14

FILED

13 FEB 20 PM 1:55

RECEIVED  
DEPARTMENT OF STATE

*PA Chang*  
*02/20/13*  
*DC*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 537805 4358473

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE : February 19, 2013

ORDER TIME : 10:54 AM

ORDER NO. : 537805-010

CUSTOMER NO: 4358473

CHANGE OF AGENT

NAME: GENESIS ELDERCARE PHYSICIAN  
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

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

1. The name of the corporation: GENESIS ELDERCARE PHYSICIAN SERVICES, INC.
2. The principal office address: 101 East State Street, Kennett Square, PA 19348
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/14/1995 Document number: F95000000735
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

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.

M. Sherman  
Signature of an officer or director

Michael Sherman SUP  
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: Sylvia Queppet  
Signature of Registered Agent

2-18-2013  
Date

If signing on behalf of an entity:

Sylvia Queppet, Assistant VP

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*