

F95000004069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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01/18/05--01055--006 \*\$215.00

FILED  
05 JUN 31 PM 5:00  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 25, 2005

CFRA, LLC  
% JOYCE F. BENTUBO  
P.O. BOX 3239  
TAMPA, FL 33601-3239

SUBJECT: LIFELINE HEALTH CARE OF NORTHEAST FLORIDA, INC.  
Ref. Number: F95000004069

We have received your document for LIFELINE HEALTH CARE OF NORTHEAST FLORIDA, INC. and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

*The signature representing the new agent is in the wrong place.*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 405A00004904

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

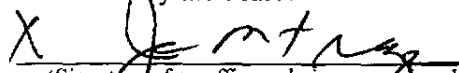
*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LIFELINE HEALTH CARE OF NORTHEAST FLORIDA, INC.
2. The mailing address of the corporation: 600 CLIFTY STREET  
SOMERSET KY 42503
3. Date of incorporation/qualification: 08/22/1995 Document number: F95000004069
4. The name and address of the current registered agent and office:  
RIGSBY, R. TERRY  
215 S MONROE STREET #440  
TALLAHASSEE FL 32301
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box **Not** Acceptable)

CFRA, LLC  
CORPORATE CENTER THREE AT INTERNATIONAL PLAZA  
4221 W BOY SCOUT BOULEVARD, 10<sup>TH</sup> FLOOR  
TAMPA, FL 33607-5736

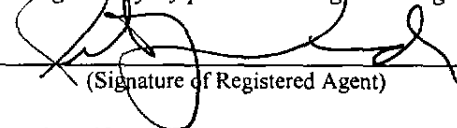
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X   
(Signature of an officer, chairman or vice chairman of the board)  
James M. FRAZER, President  
(Printed or typed name and title)

11-30-04  
(Date)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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 comp [etc] performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

  
(Signature of Registered Agent)

01-28-05  
(Date)

If signing on behalf of an entity:

Peter J. Winders  
(Typed or Printed Name)

Vice President  
(Capacity)

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

FILED  
05 JAN 31 PM 5:00  
TALLAHASSEE, FLORIDA