

F96000003418

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

CORPORATION(S) NAME

Home Health Systems Acquisition Corp.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Foreign                       |   |  |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstate                     | <input type="checkbox"/> Reservation            | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Certified Copy                |   | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                      |   |  |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.F. Verifier

C. COULLIETTE JAN 10 2000

00 JAN 10 PM 3:06  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500003092975-1  
-01/10/00-01007-008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

1/10  
PLEASE RETURN EXTRA COPY(S)  
FILED  
10/10/00  
LAURA EARNEST  
REC'D  
10/10/00  
12:16

RECEIVED  
10/10/00  
12:16

Florida Department of State, Jim Smith, Secretary of State

**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 Illinois submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Home Health Systems Acquisition Corp.

1b. Date of incorporation 6/18/96 Document number 5891-749-4

2. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street Tallahassee Florida 32301

00  
JAN 10 PM 3:06  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. The name and address of the new registered agent and office:

(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

The street address of its registered agent 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.

Christopher J. York

SIGNATURE

01/03/00

DATE

Christopher J. York, President

(Type or printed name and title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

MARY ALICE ROGERS

Assistant Vice President

DATE

SIGNATURE BY:

(Registered Agent)

1-07-00

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

CR2E045 (7-91)

Filing Fee: \$35.00