

# F97000002691

Greenberg Traurig  
Requestor's Name

Address  
Michelle 425-8536  
City/State/Zip Phone #

Office Use Only

FILED  
99 FEB 16 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Flagship Home Health of the Palm Beaches F97-2692  
(Corporation Name) (Document #)
2. " of Broward County, Inc. F97-2691  
(Corporation Name) (Document #)
3. Flagship Durable Medical Equipment Corp. F97-2699  
(Corporation Name) (Document #)
4. Flagship Professional Rehab Associates Inc F97-2689  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time call me

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 FEB 15 AM 11:55  
DIVISION OF CORPORATION

600002776976--3  
-02/16/99-01048-031  
\*\*\*\*656.25 \*\*\*\*\*43.75

Examiner's Initials

See 2/16

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

*Pursuant to the provisions of sections 607.0502, 617.0502, or 607.1508 Florida Statutes, 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 is: **FLAGSHIP HOME HEALTH OF BROWARD  
COUNTY, INC.**

2. The mailing address of the corporation is:

**8000 Governor's Square, Suite 300, Miami Lakes, Florida 33016**

3. Date of Incorporation: 05/21/97 Document No. F97000002691

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

**CT Corporation**

**1200 South Pine Island Road**

**Plantation, Florida 33324**

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

**Kenneth Veneziano**

**8000 Governor's Square, Suite 300**

**Miami Lakes, Florida 33016**

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 office authorized by the boards.

KV **EVP**  
(Signature of an officer, chairman,  
or vice chairman of the board)

Kenneth Veneziano  
(Printed or typed name)

2/9/99  
(Date)

Exec VP  
(Capacity)

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*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 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 registered agent.*

By: KV  
(Signature of Registered Agent)

2/2/99  
(Date)

Kenneth Veneziano  
(Typed or Printed Name)

(Capacity)