

F97000005588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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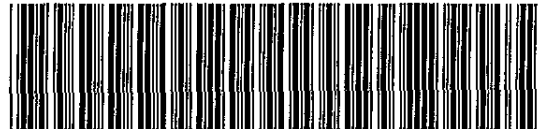
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NATIONAL SERVICE INFORMATION, INC.
www.nsii.net

To whom it may concern:

Please file the enclosed change of agent documents. Please return the stamped received copies to the address provided below:

NSI
145 Baker Street
Marion, OH 43301
Attn: Travis Pinkstaff

Should you have any questions please feel free to contact me directly at 800 235 0337 ext. 113.
Thank you for your time.

Best Regards,

Travis Pinkstaff
National Service Information

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

1. The name of the corporation: CARETENDERS VISITING SERVICE OF SOUTHWEST FLORIDA, INC.
2. The principal office address: 500 VILLAGE BLVD #250
WEST PALM BEACH FL 33409
3. The mailing address (if different): 9510 ORMSBY STATION RD SUITE 300
LOUISVILLE KY 40223
4. Date of incorporation/qualification: 10/23/1997 Document number: F97000005588
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

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):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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.

Todd Lyles
(Signature of an officer, chairman or vice chairman of the board)

Todd Lyles Sr. Vice President
(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.

[Signature]
(Signature of Registered Agent)

11/11/03
(Date)

If signing on behalf of an entity:

By: Todd Lyles
(Typed or Printed Name)

Assistant Secretary
(Capacity)

NRAI Services, Inc.

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314