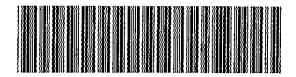
## F98000003718

· .	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
	;
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Office Use Only



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## PARANET CORPORATION SERVICES, INC.

3761 Venture Drive Suite 260 Duluth, Georgia 30096 800-277-9977 / Fax 800-815-0477

August 19, 2003

## FILING TRANSMITTAL LETTER

RE: First Home Care Corporation

Corporations Division
Florida Department of State
409 E. Gaines Street
Tallahassee, Florida 32399

Phone: 850-488-9000

Please file the following document on behalf of the above referenced entity:

1. Change of Agent

Please send evidence as follows:

1. Send original via First Class Mail to me in the self-addressed envelope.

Thank you for your assistance. If you have any questions, please call me using our toll free number 800-277-9977.

Very truly yours,

Stephanie Thomas

Paranet Job No. 03-07-0187

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

Pursuant to the	e provisions of sec	ions 607.0502, 617.0502,	607.1508, or 617.150	8, Florida Statutes,
this statement o	of change is submitt	${\it edf}$ for a corporation organi	zed under the laws of	the State of
Virginia	in order to	change its registered office	or registered agent,	or both, in the State
of Florida.	• •	***************************************	*	
1. The name of	the corporation:	First Home Care Corporation		
2. The principal	l office address: 2	Corporate Blvd., Norfolk,	VA 23502	TES 03
			······································	
3. The mailing	address (if differen	n/a	·	37 25
			<u>.</u>	EFG P
4. Date of incor	poration/qualificat	on: 06/30/98	Document number:	F98000003718 🖶
	d street address of triment of State:	he current registered agent	and registered office o	n file with the
•	Corporation Servi	e Company		
	1201 Hays Street	i		<del></del>
	Tallahassee, FL 3	2301		
6. The name as changed):		the new registered agent	(if changed) and /or	registered office (if
	NRAI Services, Inc	}		
	526 E. Park Avenu	P.O. Box or personal mailbox NOT ac	centable	
	Tallahassee, FL 3	· ·		<del></del>
The street addragent, as chang	ess of its registered ed will be identica	office and the street addre	ss of the business offi	ce of its registered
Such change wanthorized by the	as authorized by re he board, or the co	solution duly adopted by it poration has been notified	s board of directors or in writing of the char	r by an officer so
	mule.		H. White, Secretary	
	chairman of vice chairma		(Printed or typed name and titl	•
I further agree performance of registered agen	to comply with the fmy duties, and I a at. Or. if this docu	s registered agent and agro provisions of all statutes ro in familiar with and accept ment is being filed merely to at the corporation has bee	elative to the proper of the obligation of my o reflect a change in i	ind complete position as the registered
Stepheni		<u> </u>	8/19/03	
V ·	Signature of Registered Age	i) · ·	(Date)	
If signing on beha	NE THOMA	Special /	Asst. Secretary	
NRAI Services,	Typed or Printed Name) Inc.	* * * FILING FEE: \$35.0	(Capacity)	

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 , = -, · · ·