Requestor's Name Address 425-8526 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) A Pick up time Call me Certified Copy Mail out Will wait Certificate of Status NEW FILINGS AMENDMENTS Profit NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement UT TO Trademark

Examiner's Initials

CR2E031(1/95)

Other

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 MIAMI-DADE, INC.
- 2. The mailing address of the corporation is:

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

3. Date of Incorporation: 10/13/98

Document No. F98000005715

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.

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

(Printed or typed name)

2/9/99 (Date)

EXEC VY

(Capacity)

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.

Ву:	alalaa
(Signature of Registered Agent)	(Date)
Lameth Veneziano	
(Typed or Printed Name)	(Capacity)

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