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PAGE 01/08

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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REGISTERED AGENT CHANGE

HOME HEALTH AGENCY - SOUTHWESTERN PA, LLC

Certificate of Status	0
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Page Count	02
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425.00

J. BRYAN

SEP 16 2008

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submit 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 limited liability company is: Home Health Agency - Southwestern PA, LLC

2. The mailing address of the limited liability company is: 11780 W. SAMPLE RD., SUITE 105
CORAL SPRINGS FL 33065

10/10/2006

L06000099247

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

FRED PORTNOY

Name

11780 W. SAMPLE RD., SUITE 105

Address

CORAL SPRINGS FL 33065

City, State and Zip

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

Corporate Creations Network Inc.

Name

11380 Prosperity Farms Road #221E

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL 33410

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

S. Simons
(Signature of a member or authorized representative of a member)

by S. Simons as attorney-in-fact

(Printed or Typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Samantha Simons
(Signature of Registered Agent) By: Samantha Simons, Special Secretary

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

TNR318(10/99)

Corporate Creations International Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens FL 33410
(561) 694-8107

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