L07000012337

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
PARAMOUNT HEALTHCARE, LLC

Certificate of Status	0
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Estimated Charge	$25.00

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TALLAHASSEE, FLORIDA

J. BRYAN
JUN - 3 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paramount Healthcare, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly C. Tripp
Name of Person

CareSouth Homecare Professionals
Firm/Company

P.O. Box 200
Address

Augusta, GA 30903-0200
City/State and Zip Code

ktripp@caresouth.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kelly C. Tripp at (706) 854-7428
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.505, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Paramount Healthcare, LLC

2. (a) Principal office address of limited liability company: Paramount Healthcare, LLC

(Note: MUST BE STREET ADDRESS) One Tenth Street, Suite 500
Augusta, GA 30901-0103

(b) Mailing address of limited liability company: Paramount Healthcare, LLC

(Note: MAY BE POST OFFICE BOX) P.O. Box 200
Augusta, GA 30903-0200

02/02/2007 — 3. Date of filing/registration in Florida

L07000012337 — 4. Document number

FILED
11 JUN -3 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: ADAMS, LINDA A

Registered Office Address: 18034 MAIN ST NORTH
BLOUNTSTOWN FL 32424 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: CT Corporation System

NEW Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)* 1200 South Pine Island Rd.
Plantation, FL 33324

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.

Signature of a member or authorized representative of a member

Rick W. Griffin, Manager
Printed or typed name of signee

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.

Michael Seraphin Asst. Secretary
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (05/08)