

L10000022063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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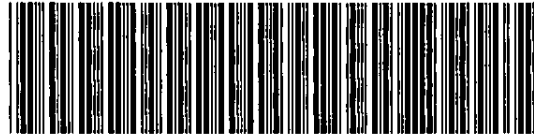
(Business Entity Name)

(Document Number)

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DATE: 11/21/12

NAME: SUNCREST HOME HEALTH OF CENTRAL FL, LLC

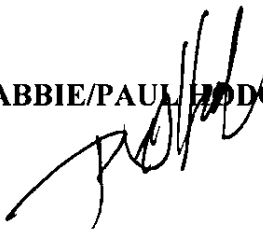
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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: SUNCREST HOME HEALTH OF CENTRAL FL, LLC

2. (a) Principal office address of limited liability company: 510 Hospital Drive, STE-100

(Note: MUST BE STREET ADDRESS)

Madison, TN 37115

(b) Mailing address of limited liability company: 510 Hospital Drive, STE-100

(Note: MAY BE POST OFFICE BOX)

Madison, TN 37115

February 26, 2010

3. Date of filing/registration in Florida

L10000022063

4. Document number

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

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Road

Plantation, Florida 33324

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

NEW Registered Agent:

National Corporate Research, Ltd., Inc.

NEW Registered Office Address:

155 Office Plaza Drive

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

FL 32301

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.

JoAnne K. Little

Signature of a member or authorized representative of a member

JoAnne K. Little, Authorized Signatory / Secretary

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.

Lucy Rose

Signature of Registered Agent Lucy Rose, Assistant Secretary

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

FILING FEE: \$25.00

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