L84760

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

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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RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV 15 AM 8:21

REGISTERED AGENT CHANGE
MP TOTALCARE, INC.

Certificate of Status	0
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Page Count	03
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RAR 11/15/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MP TotalCare, Inc.
Name of Corporation

DOCUMENT NUMBER: L84760

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Napier
Name of Contact Person

CCS Medical
Firm/Company

1505 LBJ Freeway, Suite 600
Address

Farmers Branch, TX 75234
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Napier at (972) 628-2158
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: MP TotalCare, Inc.
2. The principal office address: 615 S Ware Blvd, Tampa, Florida 33619
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/29/1990 Document number: L84760
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   Natarsha Nesbitt
   14255 49th Street North, Suite 301
   Clearwater, Florida 33762

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Corporation Service Company
   1201 Hays Street
   P.O. Box NOT acceptable
   Tallahassee FL 32301

11 NOV 15 AM 9:2

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 officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Stephanie Milnes
Signature of Registered Agent

11/14/11
Date

If signing on behalf of an entity:

Stephanie Milnes
Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)