

Florida Department of State

Division of Corporations

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DIVISION OF CORPORATION

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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REGISTERED AGENT CHANGE

MID-SOUTH HOME HEALTH AGENCY, LLC

Certificate of Status	0
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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. The name of the limited liability company is: MID-SOUTH HOME HEALTH AGENCY, LLC
2. The mailing address of the limited liability company is: 430 W. MAIN ST., #1, DOTHAN, AL 36301

9/9/2002M02000002361

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:

NRAI SERVICES, INC.

Name

2731 EXECUTIVE PARK DR., #4

Address

WESTON, FL 33331

City, State and Zip

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name

4435 OLD WINTER GARDEN RD

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

ORLANDO FL 32811

City, State and Zip

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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)

JOSE MOJICA

(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.

(Signature of Registered Agent)

MARC MOEL, ASST. SECY.

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

FILING FEE: \$25.00

INH518 (8/04)

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