M07000007018

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL s
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
10		

📑 😁 ′Office Use ປັກໄγ



800266922208

12/19/14--01033--012 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

12-29-14



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 17, 2014

Order#: 409832-033

Re: INTEGRITAS LTC PRACTITIONERS OF FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	l liability company:
	12201 Bluegrass Parkway			
	Louisville, KY 40299			
	12/04/2007	MO:	7000007018	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T Corporation System			
()	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)		
	1200 South Pine Island Road			
	Plantation, I	FL <u>33324</u>		SEV DIVIS
(b)	Corporation Service Company			ORE TA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:		9 P
	1201 Hays Street			EU Y OF STATI JORPORATI PH 2: I
	NEW Registered Office Address:			TIONS
	Tallahassee	FL 32301		
	, i	FL 32301		
he cha igent v vas/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the open ting agreement of the	of the registered liability compans of the limited li	office and the business off y, it is hereby confirmed the ability company or as othe y company.	fice of the registere nat the change(s)
	ure of a member or authorized representative of a member		Printed or typed name o	Crianaa

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

BY: Sylvia Queppet, Asst. Vice President

notified in writing of this change.

Signature of Register Agent Corporation Service Company