

M98 0000001603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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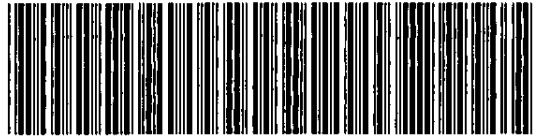
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**G. MCLEOD**

NOV 23 2009

**EXAMINER**



900162747499

11/20/09--01013--001 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 NOV 20 PM 2:19

**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: NEW HOME HEALTH CARE SERVICES LLC

2. (a) Principal office address of limited liability company: 400 LOCUST STREET, SUITE 820  
DES MOINES IA 50309-2334  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 400 LOCUST STREET, SUITE 820  
DES MOINES IA 50309-2334  
(Note: **MAY BE POST OFFICE BOX**)

12/22/1998

M98000001603

3. Date of filing/registration in Florida

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 S. PINE ISLAND ROAD

PLANTATION FL 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:

(MUST BE FLORIDA STREET ADDRESS)

515 East Park Avenue

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.

Kathy A. Butler  
(Signature of a member or authorized representative of a member)

**KATHY A. BUTLER, POWER OF ATTORNEY**

(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.*

Rose Marie Cole, Asst. Sec.  
(Signature of Registered Agent)

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

**FILING FEE: \$25.00**

STATE OF IOWA     )  
COUNTY OF POLK)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT, Rebecca S. Stoll, Assistant Secretary of LCS Holdings, Inc., an Iowa corporation, ("the Company"), and of the subsidiary entities shown on the list appended hereto, does hereby appoint Janine Bequette, Lucy Dawson or Kathy Butler, Assistant Secretary of National Corporate Research, Ltd., attorney-in-fact for the Company and for the subsidiary entities, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, in the case of entities having managers or other positions of authority rather than officers such as Authorized Person, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the earliest to occur of (i) completion and filing of the documents necessary to effect the change in registered agent and registered office addresses contemplated herein, or (b) six (6) months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to National Corporate Research, Ltd.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 12<sup>th</sup> day of October, 2009.

LCS HOLDINGS, INC.

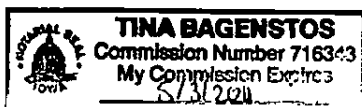
BY:

Rebecca S. Stoll

Rebecca S. Stoll  
Assistant Secretary

Subscribed and sworn to before me this 12<sup>th</sup> day of October, 2009.

Tina Bagenstos  
Notary Public



## **Addendum**

### **Subsidiary Entities**

Ardenwoods LLC  
Care Purchasing Services, Inc.  
Chestnut Village, Inc.  
*Chester Woods, Inc.*  
Gwynns Falls Properties, Inc.  
Heritage Retirement Facilities LLC  
• HHCS Real Estate, Inc.  
LCS/DePaul, Inc.  
• LCS Desert Ridge, Inc.  
LCS Naples, Inc.  
LCS/Portsmouth, Inc.  
LCS Roseville, Inc.  
LCS/St. Petersburg, Inc.  
LCS Stoneridge, Inc.  
LCS-Westminster Naples LLC  
LCS-Westminster Roseville LLC  
LCS-Westminster Partnership I LLP  
LCS-Westminster Partnership III LLP  
LCS-Westminster Partnership IV LLP  
LCS-Westminster Partnership V LLP  
Life Care Services Corporation of Hawaii, Inc.  
Sagewood Land LLC  
Sunflower Pharmacy, Incorporated  
Village On The Green--Orlando, Inc.  
Life Care Services Communities LLC  
LCS Holdings, Inc.  
Services For You, Inc.  
Life Care Home Health Services Corporation  
Home Health Care Services LLC  
LCS Development LLC  
Life Care Services LLC