

N00000006401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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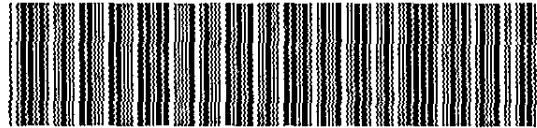
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

R.A. Change

O. Ouellette JUL 29 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL HOME HEALTH NURSES, INC.
(Name of corporation)

DOCUMENT NUMBER: N00000006401

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:

RUTH RICHARDS

(Name of contact person)

NATIONAL HOME HEALTH NURSES, INC.

(Firm/Company)

1790 WEST 49TH STREET, SUITE 308

(Address)

HIALEAH FL 33012

(City/state and zip code)

For further information concerning this matter, please call:

RUTH RICHARDS

(Name of contact person)

at (305) 558-1730

(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
409 E. Gaines Street
Tallahassee, FL 32399

**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: NATIONAL HOME HEALTH NURSES, INC.
2. The principal office address: 1790 WEST 49TH STREET, SUITE 308, MIAMI, FLORIDA 33012
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 09/25/2000 Document number: N00000006401
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ABELARD, MARGARETTE

1800 W. 49TH ST., STE 321

HIALEAH FL 33012

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

RICHARDS, RUTH

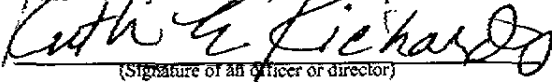
1790 WEST 49TH STREET, SUITE 308

(P.O. Box NOT acceptable)

HIALEAH FL 33012

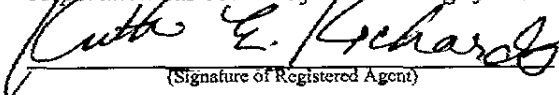
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

RUTH RICHARDS, DIRECTOR & REG'D AGENT
(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.


(Signature of Registered Agent)

JULY 23, 2004
(Date)

If signing on behalf of an entity:

N/A

(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

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TALLAHASSEE, FL 32314