

**NO1000002568**

**Florida Department of State**  
**Division of Corporations**  
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**To:**  
 Division of Corporations  
 Fax Number : (850) 205-0380

**From:**  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 878-5926

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 TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE**

**BEVERLY HOME CARE AND REHABILITATION SERVICES, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

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*RA Change*  
*9/6/07*

9/5/2007

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1502, 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: Towers Home Care And Rehabilitation Services, Inc.
2. The principal office address: 300 East Church Street  
Orlando, Fl. 32801
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/11/2001 Document number: N01000002568
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Richard E. Lewis  
300 East Church Street  
Orlando, Fl. 32801

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

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
(P.O. Box NOT acceptable)  
Plantation, Florida 33324

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]  
(Signature of an officer or director)

L.R. BUCKNER, SECRETARY  
(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.

By: Anthony L. Lewis  
(Signature of Registered Agent)

9-4-07  
(Date)

If signing on behalf of an officer:  
Anthony L. Lewis  
Vice President  
(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  
CR12045 (8/05)

FORM - 001-12100 C T System, Dallas

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