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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocala Community Care, Inc.

Name of Corporation

DOCUMENT NUMBER: N07000010861

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:

Francine Moon

Name of Contact Person

Ocala Community Care, Inc.

Firm/Company

P.O. Box 5638

Address

Ocala FL 34478

City/State and Zip Code

Fmoon@marionso.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francine Moon

Name of Contact Person

at (352) 369-6782

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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.

- CR2E045 (03/12)

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