

N 41822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

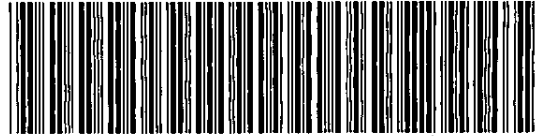
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

RA change

JUN 30 2015

D. CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Elder Care of Alachua County, Inc.
Name of Corporation

DOCUMENT NUMBER: N41822

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:

Cristina Palacio
Name of Contact Person

UF Health Shands Legal Services
Firm/Company

P. O. Box 100303
Address

Gainesville, FL 32610
City/State and Zip Code

palacc@shands.ufl.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Palacio at (352) 627-9045
Name of Contact Person 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

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TALLAHASSEE, FL

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: ELDER CARE OF ALACHUA COUNTY, INC.
2. The principal office address: 5701 NW 34TH STREET, GAINESVILLE, FL 32653
3. The mailing address (if different): P. O. BOX 100303, GAINESVILLE, FL 32610
4. Date of incorporation/qualification: 01/28/1991 Document number: N41822

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

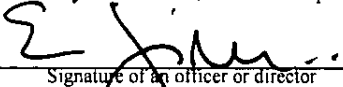
VIVIAN M. GALLO
3007 SW WILLISTON ROAD, SUITE 1A
GAINESVILLE, FL 32608

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

JAMES M. ROBERTS
3007 SW WILLISTON ROAD, SUITE 1A
GAINESVILLE, FL 32608
P.O. Box NOT acceptable

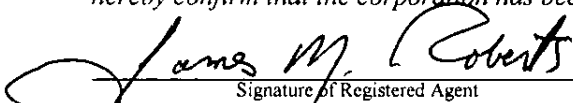
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

EDWARD JIMENEZ, Director
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

June 9, 2015
Date

If signing on behalf of an entity:

JAMES M. ROBERTS
Typed or Printed Name

*** FILING FEE: \$35.00 ***

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SEC. OF STATE
TALLAHASSEE, FL