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CARVER, DARDEN,  
KORETZKY, TESSIER, FINN,  
BLOSSMAN & AREAUX LLC  
NEW ORLEANS PENSACOLA

LINDA A. HOFFMAN  
1300 WEST MAIN STREET  
PENSACOLA, FLORIDA 32501

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

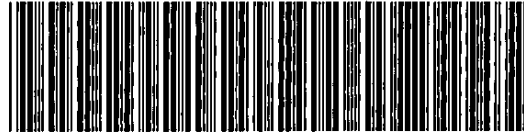
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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

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: Parthenon Healthcare, Inc.
2. The principal office address: 909 Gardengate Circle, Pensacola, FL 32504
3. The mailing address (if different): 909 Gardengate Circle, Pensacola, FL, 32504
4. Date of incorporation/qualification: 08/01/2000 Document number: P00000074448
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Linda A. Hoffman

Emmanuel, Sheppard & Condon, 30 S. Spring Street

Pensacola, FL 32502

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

Linda A. Hoffman

1300 W. Main Street

(P.O. Box NOT acceptable)

Pensacola, FL 32501

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.

DE: PARTHENON HEALTHCARE, INC

BY: [Signature]  
(Signature of an officer or director)

GREGORY A. ELLIS

CORPORATE 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.

[Signature]  
(Signature of Registered Agent)

8/22/2007  
(Date)

If signing on behalf of an entity:

Linda A. Hoffman

(Typed or Printed Name)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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