

PO00000102351

FILED  
01 DEC -8 PM 4:55  
TREASURER OF STATE  
TALLAHASSEE, FLORIDA

315 So. Calhoun Street  
Address  
425-5675  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Omni Homecare Colley Lee Inc PO0-102351  
(Corporation Name) (Document #) RA
2. \_\_\_\_\_  
(Corporation Name) (Document #) Change
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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\*\*\*\*131.25 \*\*\*\*\*43.75

RECEIVED  
DEC -8 PM 2:59  
DIVISION OF CORPORATION

Examiner's Initials DR  
12/8/01

# 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Omni Homecare - Collier/Lee, Inc.
2. The mailing address of the corporation: 28100 U.S. Highway 19 North, Suite 307  
Clearwater, FL 33761
3. Date of incorporation/qualification: 10-30-2000 Document number: P00000102351
4. The name and address of the current registered agent and office:

David J. Menkhaus, Esq.

4800 North Federal Highway, Suite 210-A

Boca Raton, FL 33431-5176

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

David DeCamella

2530 Gary Circle - Suite 802

Dunedin, FL 34698

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.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

David DeCamella Vice President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

David DeCamella  
(Typed or Printed Name)

(Capacity)

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

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SECRETARY OF STATE  
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