P01000111362

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000328652 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. (FT. LAUDERDALE)
Account Number : I19980000010
Phone : (954)463-2700
Fax Number : (954)463-2224

RECEIVED
03 DEC -3 PM 12:27
DIVISION OF CORPORATIONS

FILED
03 DEC -3 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

HOME HEALTH AGENCY-PINELLAS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$87.50

Electronic Filing Menu Corporate Filing Public Access Help

12/3/03
FAIRO chg.
SP

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Health Agency - Pinellas, Inc.
(Name of corporation)

DOCUMENT NUMBER: P01000111362

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:

Cheri Phillips
(Name of person)

Omni Health Management Corp.
(Name of firm/company)

11760 W. Sample Road, Suite 105
(Address)

Coral Springs, FL 33065
(City/state and zip code)

For further information concerning this matter, please call:

Cheri Phillips at (954) 753-4883 ext 207
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(09/03)

H03000328652 3

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: Home Health Agency - Pinellas, Inc.
2. The principal office address: 2536 Countryside Blvd. Suite 222
   Clearwater FL 33763
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/21/2001 Document number: P01000111362
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
   David Decamella
   2530 Gary Circle, Suite 802
   Dunedin FL ~~33~~ 34698
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
   American Information Services, Inc.
   350 E. Las Olas Blvd., Suite 1600
   (P.O. Box or personal mailbox NOT acceptable)
   Ft. Lauderdale FL 33301

FILED
03 DEC -3 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Cheri Phillips (Signature of an officer or director) — Cheri Phillips, CFO (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.

Janet L. LaPointe (Signature of Registered Agent) — 12-3-03 (Date)

If signing on behalf of an entity:

JANET L. LaPointe (Typed or Printed Name) — Assistant Secretary (Capacity)

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

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

H03000328652 3