

PD2000106689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

RA/chs  
@ 9.19.07



200109187772

09/13/07--01032--019 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 13 PM 1:06

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ocean Home Health Care, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000106689

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:

Catherine Hite, Esq.  
(Name of Contact Person)

Catherine Hite, P.A.  
(Firm/Company)

799 Brickell Plaza, Suite 700  
(Address)

Miami, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Hite, Esq. at ( 305 ) 373-8100  
(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

**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: OCEAN HOME HEALTH CARE INC
2. The principal office address: 1671 W 38 PL #1408 STE B  
HIALEAH, FL 33012
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/03/2002 Document number: P02000106689
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PARELLA, CHRISTOPHER

799 BRICKELL PLAZA SUITE 700

MIAMI FL 33131 US

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

CATHERINE HITE, P.A.

799 BRICKELL PLAZA, SUITE 700

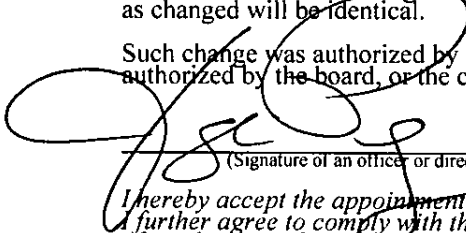
(P.O. Box NOT acceptable)

MIAMI, FL 33131

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 SEP 13 PM 1:06

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)

Jorge Pelayez, President  
(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)

09/07/06  
(Date)

If signing on behalf of an entity:

CATHERINE HITE, President  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)