

P02000122724

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

03 MAR 11 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

ADVENTA HOSPICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2A C09
06/12/09
3/12/09

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 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: Adventis Hospice, Inc.
2. The principal office address: 8501 Deane Hill Drive, Knoxville, TN 37919
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/18/02 Document number: P02000122724
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Trimble, T.L.
111 North Orlando Avenue
Winter Park, FL 32789
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
(P.O. Box or personal address NOT acceptable)
Tallahassee, FL 32301

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, director or the chairman of the board) Alan C. Dahl - President *(Print 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) Maureen Cullen 3/10/03 *(Date)*

If signing on behalf of an entity:
Maureen Cullen Asst. Vice President
(Typed or Printed Name) (Capacity)

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

MAKES CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
 DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314