

P03000087001

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AURORA HOME CARE OF THE PALM BEACHES, INC.
(Name of corporation)

DOCUMENT NUMBER: P03000087001

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:

ANNETTE MCCLUSKY
(Name of contact person)

AURORA HOME CARE OF THE PALM BEACHES, INC.
(Firm/Company)

745 U.S. Highway One, Suite 304
(Address)

North Palm Beach, FL 33408
(City/state and zip code)

For further information concerning this matter, please call:

Annette McClusky at (561) 833-8009
(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
409 E. Gaines Street
Tallahassee, FL 32399

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.

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