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(Requestor's Name)				
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PICK-UP WAIT	MAIL			
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(Document Num	ber)			
Certified Copies Certificates of Status				
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R-A. Change

G. Coufflette OCT 0 1 2007.



THE SERVICE COMPANI					
ACCOUNT NO. : 07210000032					
REFERENCE : 237744 109186B					
AUTHORIZATION :					
COST LIMIT : \$ 35 Spelle Re-					
ORDER DATE: September 20, 2007					
ORDER TIME : 10:03 AM					
ORDER NO. : 237744-400					
CUSTOMER NO: 109186B					
CHANGE OF AGENT NAME: NORTH OKALOOSA HOME HEALTH CORP.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY					
CONTACT PERSON: Harry B. Davis EXT# 2926 EXAMINER:	_				

-

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

in ord	er to change its registered office or regi	anized under the laws of the State of Florid istered agent, or both, in the State of Florida.	
1. The name of	the corporation: NORTH OKAL	OOSA HOME HEALTH CORP.	
2. The principa	l office address: 4000 Meridian B	Blvd., Franklin, TN 37067	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 09/01/2004	Document number: P04000 12:	5877
	nd street address of the current registered artment of State:	d agent and registered office on file with the	
	NRAI Services, Inc.		
2731 Executive Park Drive, Suite 4			
	Weston, FL 33331)7 OC SECR ALLA
Weston, FL 33331 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Compa	ny	F STATE
	1201 Hays Street		A.F. Rio
	(P.O. Box NOT accepta	ible)	
	Tallahassee, FL 32301		
The street addr as changed will	ress of its registered office and the stre ll be identical.	eet address of the business office of its regis	tered agent,
Such change wanthorized by	vas authorized by resolution duly adop the board or the corporation has been	oted by its board of directors or by an office notified in writing of the change.	r so
Clerk	-all-	Elizabeth A. Dawson, Attorne	y In Fact
I hereby accept further agree of my duties, a document is be corporation he	of the appointment as registered agent to the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the ceing filed merely to reflect a change in as been notified in writing of this change in a company	(Printed or typed name and title) and agree to act in this capacity, tatutes relative to the proper and complete pobligation of my position as registered agen the registered office address, I hereby confige. 09/12/2007	performance t. Or, if this irm that the
	Signature of Registere (Agent)	(Date)	11-1
If signing on b	pehalf of an entity:		
	eppet, Asst. Secretary (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)