P05000129666

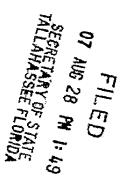
(Requestor's Na <u>m</u> e)						
(Address)						
(Address) _						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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TS





August 23, 2007

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not he sitate to contact me. The number I can be reached at is 1-800-235-0337 x 110

Sincerely,

Jill Probst _____ Corporate Services Department

COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CT: HHC Focus Florida, Inc. (Name of Corporation)
DOCUM	MENT NUMBER: P05000129666
The encl	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Jill Probst (Name of Contact Person)
	NATIONAL REGISTERED AGENTS, INC. (Firm/Company)
	145 BAKER SY. (Address)
	(Address)
	MARION, OH 43302 (City/State and Zip Code)
For furth	ter information concerning this matter, please call:
_ <u>Zi</u>	11 Paobst at (740) 387-6806 (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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi r to change its registered office or registe	ized under the <u>l</u> a	ws of the State of Flor	ida		•
1. The name of the corporation: HHC Focus Florida, Inc.						
2. The principal	office address: 6640 Carothers Parkw	ay, Suite 500	·	u .		
	Franklin, TN 37067	_				
3. The mailing a	ddress_(if different):					
4. Date of incorp	poration/qualification: September 20, 20	005 Document	number: P05000	12966	6	
5. The name and	l street address of the current registered ag tment of State:					
	CT Corporation System	-				,
	1200 South Pine Island Road	d		•		
	Plantation FL 33324 US					
6. The name and (if changed):	d street address of the new registered agen	it (if changed) an	d /or registered office	SECRE	07 AU	
	NRAI Services, Inc.		·	Si	ਨ ਨ	=
	2731 Executive Park Drive,	Suite 4			8	m
	(P O. Box NOT acceptable)		<u> </u>	E'S		O
	Weston, FL 33331				<u>ت</u>	
The street addre	ess of its registered office and the street be identical.	address of the b	usiness office of its re	egistered	agen	t,
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	l by its board of tified in writing	directors or by an off of the change.	ficer so		
	ih.		L. Howard, VP &		ıry	
7 % - u = h- u =	ine of an officer or director) the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d ammanta nativ	med or typed name and title, this capacity, he proper and compl sition as registered a ce address, I hereby o		rman r, if th hat th	ce i is ie
medy	Franzan, assistant Sacritar	à	8-22-07			.
If signing on be	gnature of Regisfered Agent) Z chalf of an entity:	<i>)</i> 	(Date)			
MELODY	FREEMAN Typed or Printed Name)	a	i.A			
(,	* * * FILING FE	E: \$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)