

P05000136450

From: Origin ID: (615)374-9144  
Barbara Mecher  
Midcare, Inc.  
9430 Highway 141 South  
Hartsville, TN 37074

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

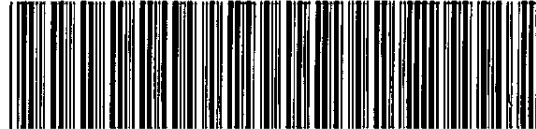
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000061084010

11/01/05--01024--018 \*\*25.00

FILED  
05 NOV -2 PM 2:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

R.A. change

T BROWN NOV - 3 2005

**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: Southern Home Health at KWCC, Inc.  
2. The principal office address: 5860 College Road  
Key West, FL 33040  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/05/2005 Document number: PD5000136450

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

UCC Filing & Search Services, Inc.

1574 Village Square Blvd., Ste 100

Tallahassee, Florida 32309

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

Barbara mecher  
5860 College Road  
(P.O. Box NOT acceptable)  
Key West, FL 33040

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.

Robert M. Becht  
(Signature of an officer or director)

Robert M. Becht  
(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.

Barbara mecher  
(Signature of Registered Agent)

11/1/2005  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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)

FILED  
05 NOV - 2 PM 2:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA