

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corpo				~
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	CUMICE UMME I	CADE INC		
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	Account Name : Account Number : Phone : Fax Number : e email address fo al report mailings Address:  REGIST	Account Number: FCA000000023 Phone: (614)280-3338 Fax Number: (954)208-0845  e email address for this business er al report mailings. Enter only one example address:  REGISTERED AGENT C	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845  e email address for this business entity to be used all report mailings. Enter only one email address ple  Address:  REGISTERED AGENT CHANGE	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845  e email address for this business entity to be used for future al report mailings. Enter only one email address please.**  Address:  REGISTERED AGENT CHANGE

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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

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statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, to same is submitted for a corporation organized under the laws of the State of FL. For to change its registered office or registered agent, or both, in the State of Florida.	nis <del></del>
	the corporation: DOCTOR'S CHOICE HOME CARE, INC.	
2. The principa	d-office address: 8010 25 TH COURT EAST, UNIT 103 SARASOTA, FL 34243	
		<del></del>
3. The mailing	address (if different):	
<del></del>		:
4. Date of incom	rporation/qualification: 03/31/2006 Document number: P06000017283	
5. The name an	ad street address of the current registered agent and registered office on file with the authorst of State: (If resigned, enter resigned)	• •
	GATES, CASSANDRA	٠
	8010 25TH COURT EAST, UNIT 103	<b>3</b> 55 <b>5</b> 6
	SARASOTA, FL 34243	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office:	23 14
		<u>G</u>
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box, NO1 acceptable	是 2
	Plantation; Florida-33324	
	ess of its registered office and the street address of the business office of its registere i be identical.	մ <u>սբ</u> շու,
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Zinein	Heidi Noppinger . Asst Secretary  Printed or types name and fills	<del></del>
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as rectstered agent and agree to act in his capacity, to comply with the provisions of all statutes relative to the proper and complete my dulies, and I am familiar with and accept the obligation of my position as registe is document is being filed merely to reflect a change in the registered office address, that the corporation has been notified in writing of this change.	ired 1
By:	Stephanie Boehm Assistant Secretary 05/23/2	
	native of Registered Agent  that f of an entity;	
· · · t <sub>1</sub>	yped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSIE, FL 32314 (2) CR2E045 (03/12)