

PO6000126437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

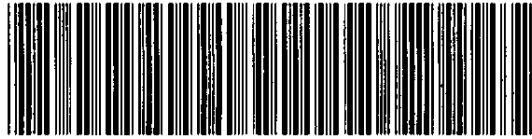
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300158674993

value

~~07/31/09--01008--016--35.00~~

07/31/09--01008--016 **35.00

FILED
09 JUL 31 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*PAEM
3/5em*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACUTE HOME HEALTHCARE, INC
Name of Corporation

DOCUMENT NUMBER: P06000126437

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:

John W. Zielinski
Name of Contact Person

NeJame, LaFay, Jancha, Ahmed, Barker & Joshi, PA
Firm/Company

189 S Orange Av, Suite 1800
Address

Orlando, FL 32807
City/State and Zip Code

wasimsite@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John W. Zielinski at (407) 245-1232
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: ACUTE HOME HEALTHCARE INC.
- 2. The principal office address: 377 Maitland Ave, Suite 2001, Altamonte Springs, FL 32701
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 10/03/2006 Document number: P06000126437
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

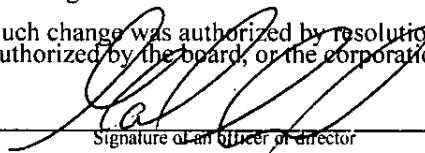
Mohammed B. Zaman
377 Maitland Av, Suite 2001
Altamonte Springs, FL 32701

FILED
09 JUL 31 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Mary Assaf
377 Maitland Av, Suite 2001
P.O. Box NOT acceptable
Altamonte Springs, FL 32701

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.



 Signature of an officer or director

Mary Assaf

 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.



 Signature of Registered Agent

July, 2009

 Date

If signing on behalf of an entity:

Mary Assaf

 Typed or Printed Name

***** FILING FEE: \$35.00 *****