Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : ROETZEL & ANDRESS

Account Number: I2000000121

Phone

: (239)649-6200

Fax Number

: (239)261-3659

REGISTERED AGENT CHANGE

THE PAQUIN HEALTHCARE COMPANIES, INC.

Certificate of Status Certified Copy 0 Page Count 01 \$35.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

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.	
The name of the corporation: The Paquin Healthcare Companies, Inc.	_
2. The principal office address: 1134 Celebration Boulevard Celebration, FL 34747	-
3. The mailing address (if different):	-
4. Date of incorporation/qualification: 5/16/07 Document number: P07000058739	·-
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Charles B. Pearlman	8
200 E. Las Olas Blvd., Suite 1700	SEP
200 E. Las Olas Blvd., Suite 1700 Fort Lauderdale, FL 33301	23
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): R&A Agents, Inc., Charles B. Pearlman, Assistant Secretary	=======================================
100 SE 3rd Avenue, 8th Floor	, , , ,
(P.O. BOX NOT scapusk) Fort Lauderdale, FL 33394	
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 changes was authorized by resolution duly adopted by its board of directors or by an officer so sutherized by the board, or the corporation has been notified in writing of the change. TOWN ACUIN, CCO (Frame or open some santas) Thereby 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 filled negacity to effect a change in the registered office address. I hereby confirm that the porporation has been natified in parting of this change.	
(Superior of Region Policy (Deco) If signing on behalf of an entity: Charles B. Pearlman (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)