

P07000071682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

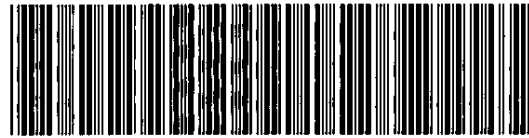
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong
C.COULLETTE

JUN 25 2310

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bridgeport Home Health Care, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000071682

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:

Kristina E. Curry
Name of Contact Person

Bridgeport Home Health Care
Firm/Company

4085 Embassy Parkway
Address

Akron, OH 44333
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Curry at (330) 668-1922
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: Bridgeport Home Health Care, Inc.

2. The principal office address: 10661 Airport Pulling Rd. Ste. 9, Naples, FL 34109

3. The mailing address (if different): 10661 Airport Pulling Rd. Ste. 9, Naples, FL 34109

4. Date of incorporation/qualification: June 19, 2007 Document number: P07000071682

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)

CT Corporation System
350 North St. Paul St.
Dallas, TX 75201

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

Nancy Diller-Shively
8663 Blue Flag Way
Naples, FL 34109

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUN 25 PM 1:30
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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.

Nancy Diller-Shively
Signature of an officer or director

Nancy Diller-Shively, President and CEO
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.

Nancy Diller-Shively
Signature of Registered Agent

6-17-10
Date

If signing on behalf of an entity:

Nancy Diller-Shively, President and CEO
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