

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
 Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : PCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

SUNSHINE HEALTH HOLDING COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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9/10/2007

TS

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9/10/07
 09/07/2007

**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: Sunshine Health Holding Company
2. The principal office address: 7711 Carondelet Avenue, St. Louis, MO 63105
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/18/07 Document number: P07000082060
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

CT Corporation System

1200 S. Pine Island Road

(P.O. Box NOT acceptable)

Plantation, FL 33324

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.

Keith H. Williamson
(Signature of Officer or Director)

Keith H. Williamson, Secretary
(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.

By: John J. Linnihan
(Signature of Registered Agent)

9-7-07
(Date)

John J. Linnihan - Asst. V.P.

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

CR28045 (8/05)

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