

1/13/2016 12:17:08 PM From: To: 8506176380(1/3)

P11000074245

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**REGISTERED AGENT CHANGE
INFINITY HOME CARE ACQUISITION CORP.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

16 JAN 13 PM 12:24

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1/14/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Infinity Home Care Acquisition Corp.
Name of Corporation

DOCUMENT NUMBER: P11000074245

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:

Celeste Peiffer

Name of Contact Person

Amedisys, Inc.

Firm/Company

5959 S. Sherwood Forest Blvd.

Address

Baton Rouge, LA 70816

City/State and Zip Code

celeste.peiffer@amedisys.com

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

For further information concerning this matter, please call:

Celeste Peiffer

Name of Contact Person

at 225 299-3366

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: Infinity Home Care Acquisition Corp.
2. The principal office address: 5959 S. Sherwood Forest Blvd.
Baton Rouge, Louisiana 70816
3. The mailing address (if different): _____

4. Date of incorporation/qualification: August 18, 2011 Document number: P11000074245

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)

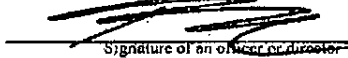
Edwin Hightower, Jr.
6700 Professional Parkway West
Sarasota, Florida 34240

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


CT Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 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.

 Paul B. Kusserow - President
Signature of an officer or director 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.

 1-7-16
Signature of Registered Agent Date

If signing on behalf of an entity:

CT Corporation System
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
CR2E045 (03/12)

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