

P35438

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
CORAM HEALTHCARE CORPORATION OF FLORIDA

Certificate of Status	0
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Page Count	03
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RA/RO/CHS

OCT 25 2016

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coram Healthcare Corporation of Florida
Name of Corporation

DOCUMENT NUMBER: P35438

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:

Melanie Luker
Name of Contact Person

CVS Health
Firm/Company

One CVS Drive
Address

Woonsocket, RI 02895
City/State and Zip Code

isabel.amado@cvshealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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

CR2E045 (03/12)

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Coram Healthcare Corporation of Florida
2. The principal office address: 555 17TH STREET SUITE 1500 DENVER, CO 80202
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/09/1991 Document number: P35438
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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET TALLAHASSEE, FL 32301-2525

FILED
2016 OCT 24 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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.

Kendra Jesus (Signature) Kendra Jesus, 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: C T Corporation System (Signature) 3/19/16 Date
Signature of Registered Agent

If signing on behalf of an entity:
Olga Hinkel, VP
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)