

P941000016703

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**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: PRO-CARE HOME HEALTH OF BROWARD, INC.
2. The principal office address: 1500 NW 62ND ST
FT. LAUDERDALE FL 33309 US
3. The mailing address (if different): 9510 ORMSBY STATION RD SUITE 300
LOUISVILLE KY 40223
4. Date of incorporation/qualification: 03/02/1994 Document number: P94000016703
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Todd Lyles
(Signature of an officer, chairman or vice chairman of the board)

Todd Lyles Sr. Vice President
(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.

Travis Pinkstaff
(Signature of Registered Agent)

11/10/03
(Date)

If signing on behalf of an entity:

By: TRAVIS PINKSTAFF
(Typed or Printed Name)

Assistant Secretary
(Capacity)

NRAI Services, Inc.

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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