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 Phone : (850)222-1092 Fax Number : (850)878-5368

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WISHALD SECTION OF THE PHONE OF THE PHONE

REGISTERED AGENT CHANGE MED-TECH SERVICES OF PALM BEACH, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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12-14-B

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT:			
Name of Corporation			
DOCUMENT NUMBER: P96000011352			
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:			
The second and consequence concerning mis limited to the long limite.			
Deborah Ulin			
Name of Contact Person			
Kindred Healthcare Inc.			
Firm/Company			
680 South Fourth Street			
Address			
Louisville, KY 40203-2412			
City/State and Zip Code			
deborah.ulin@kindredheakheare.com			
E-mail address: (to be used for future annual report notification)			
, ,			
For further information concerning this matter, please call:			
Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number	_		
Enclosed is a \$35.00 check made payable to the Department of State.			
Malling 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

statement of cha	provisions of sections 607.0502, 617.0302, 607.1508, or 617.1508. Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, ar both, in the State of Florida.	
	he corporation: Med-Tech Services of Palm Beach, Inc.	
2. The principal	office address: 680 South Fourth Street, Louisville, KY 40202-2412	
3. The mailing a	ddress (if different):	,
4. Date of incorp	poration/qualification: 2-6-96 Document number: P96000011352	
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
·	Mitchell G. Morel	
	311 Park Place Blvd. Suite 510	
	Clearwater, FL 33759-3999	i esti ej
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	Ches. Acres
	CT Corporation System	3 2
	CT Communican Courters 1200 Courte Direct Follows Report Popular	15
	P.O. Box NOT acceptable Plantation, Florida 33324	
The street addr	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
	tre of an officer of director Printed or typed name and little	
I hereby accept I further agree performance of agent. Or, if the hereby confirm By:	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered its document is being filed merely to reflect a change in the registered affice address, I thus she comporation has incen notified in writing of this change.	
Sı	Kristin Bolden	
If signing on o	chalf of arcentity: Assistant Secretary	
JOSEP	Special Printed Name LANDSINGLY *** 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)