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STEVEN R. BALLINGER, P.A.

LAW OFFICES

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June 11, 1998

Secretary of State, Division of Corporations
409 East Gains Street
Tallahassee, Florida 32314

Re: Traditional Home Health Services, Inc.
A Florida Corporation
My File No.: 98-638T

800002561928--1
-06/16/98--01120--005
*****35.00 *****35.00

Dear Sir/Madam:

Please find enclosed a Statement of Change of Registered Office or Registered Agent or Both for Corporations, along with the \$35.00 filing fee. Please honor this request.

If you should have a questions or problem with the request for change, please contact me directly.

Your appreciation is greatly appreciated.

Sincerely,

Jaqueline Singletary
Steven R. Ballinger

cc: Traditional Home Health Services, Inc.

Enclosure

Via Regular U.S. Mail

SRB:js

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change
6-19-98
CC

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation is: Traditional Home Health Services, Inc.
- The mailing address of the corporation is: ~~4010 South 57th Avenue, #204~~ 6042 LAKE WORTH ROAD
Lake Worth, Florida 33463
- Date of incorporation/qualification: April 29, 1996 Document number: _____
- The name and address of the current registered agent and office:
Paula Provencher, BSN, RNC, CDONA
4010 South 57th Avenue, #204
Lake Worth, Florida 33463
- The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Nancy McCartney, R.N., Administrator
~~4010 South 57th Avenue, #204~~ 6042 LAKE WORTH ROAD
Lake Worth, Florida 33463

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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.

Nancy McCartney, Secretary/Treasurer 5-22-98
 (Signature of an officer, chairman or vice chairman of the board) (Date)

NANCY MCCARTNEY, SECRETARY/TREASURER 5-22-98
 (Printed or typed name and title) (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Nancy McCartney 5-22-98
 (Signature of Registered Agent) (Date)

If signing on behalf of an entity:
TRADITIONAL HOME HEALTH SERVICES, INC. Secretary/Treasurer
 (Typed or Printed Name) (Capacity)

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