

P96000067534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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APR 18 2013

T. ROBERTS

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: ALTERNATIVE HOME HEALTH CARE OF BROWARD COUNTY, INC.
2. The principal office address: 6989 W. COMMERCIAL BLVD
TAMARAC, FL 33319

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8-14-96 Document number: P96000067534

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)

CANN, GEORGE A

4481 N. STATE RD 7

FT.LAUDERDALE,FL 33319

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

CANN, GEORGE A

6989 W. COMMERCIAL BLVD.

P.O. Box NOT acceptable

TAMARAC, FL 33319

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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, or the corporation has been notified in writing of the change.

George A. Cann
Signature of officer or director

GEORGE A. CANN

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.

George A. Cann
Signature of Registered Agent

02/28/13

Date

If signing on behalf of an entity:

GEORGE A. CANN

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)