96000090396 -10/11/00--01032--017 X13-250-0577 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time ☐ Certified Copy ☐ Will wait ☐ Mail out Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment ■ Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name ☐ Limited Partnership ■ Reinstatement Trademark Other T. LEWIS OCT 13 ZUW **Examiner's Initials**

CR2E031(7/97)

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 <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: InterSource Health Care, Inc.
2. The mailing address of the corporation: P.O. Box 24016
Tampa, Florida 33623
3. Date of incorporation/qualification: 11/4/96 Document number: P96000090396
4. The name and address of the current registered agent and office:
Toups, Michael
7887 Bryan Dairy Rd., Ste. 105
Largo, Florida 33777
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Carey, Michael R.
712 S. Oregon Ave.
Tampa, Florida 33606
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.
(Signature of an officer, chairman of vice chairman of the board)
LEON W. Toups
(Printed or typed name and title)
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.
Muchael R. Carey 10/9/2000 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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