

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
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RE-SUBMIT

Please retain original filing
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2009 JAN 23 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REGISTERED AGENT CHANGE****NATIONAL HEALTH INFUSION, INC.**

Certificate of Status	0
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@ 1/23/09

Electronic Filing Menu

Corporate Filing Menu

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January 23, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NATIONAL HEALTH INFUSION, INC.
3439 TECHNOLOGY DR., STE #5
NOKOMIS, FL 34275

SUBJECT: NATIONAL HEALTH INFUSION, INC.
REF: P97000005464

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records reflect the registered agent as DEBRA L. GARNER.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 109A00002495

**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: National Health Infusion, Inc.
2. The principal office address: 3439 Technology Drive, Suite #5, Nokomis, FL 34275
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/15/97 Document number: P97000005464
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)

GARNER, DEBRA L.

3439 Technology Drive, Suite #5, Nokomis, FL 34275

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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.


(Signature of an officer or director)

VickiAnn Owens, 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.

C T Corporation System

By: 

(Signature of Registered Agent)

January 22, 2009
(Date)

If signing on behalf of an entity:

C T Corporation System

(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 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 22 PM 3:12

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Critical Homecare Solutions, Inc. ("Corporation"), a corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint VickiAnn Owens as Vice President/Manager and Gregory Blackburn as Secretary, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for Critical Homecare Solutions, Inc. to act for Critical Homecare Solutions, Inc. and in the corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation. The attorney-in-fact will not make such changes without the prior approval of the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, VickiAnn Owens and Gregory Blackburn shall exercise the power of Vice President/Manager and/or Secretary.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this October 15, 2008.

Critical Homecare Solutions, Inc.
a Delaware Corporation

By: 
Name: Bruce R. Gilbert
Title: Senior Vice President and General Counsel

State of Pennsylvania
County of Montgomery

On October 15, 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared Bruce R. Gilbert, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.


Dana Stancil, Notary Public

