

PA7000021919

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
CARE ALLIANCE OF AMERICA, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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2/2/2010
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Care Alliance of America, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000021919

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:

Shannon McGuire

Name of Contact Person

Bingham McCutchen LLP

Firm/Company

One Federal Street

Address

Boston, MA 02110

City/State and Zip Code

shannon.mcguire@bingham.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon McGuire

Name of Contact Person

at (617 951-8075

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing 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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0501, 607.0502, 607.1508, or 607.1509, 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: Care Alliance of America, Inc.
2. The principal office address: 2500 Quantum Lakes Drive, Suite 108, Boynton Beach, FL 33426

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/04/1997 Document number: P97000021819

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)

Daniel Cammarata
2500 Quantum Lakes Drive, Suite 108
Boynton Beach, FL 33426

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

Maxine Hochhauser
2500 Quantum Lakes Drive, Suite 108
Boynton Beach, FL 33426

P.O. Box NOT acceptable

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.

Maxine Hochhauser

Signature of officer or director

Maxine Hochhauser, 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.

Maxine Hochhauser

Signature of Registered Agent

1/28/2010
Date

If signing on behalf of an entity:

Maxine Hochhauser

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
CR2604 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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