

4/21/2014 13:11:17 From: To: 8506176380

(1/3)

Division of Corporations

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P98000040686

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
HOMECARE HOLDINGS, INC.**

Certificate of Status	0
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C. LEWIS

APR 22 2014

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Corporate Filing Menu

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEMECARE HOLDINGS, INC.

Name of Corporation

DOCUMENT NUMBER: P98000040686

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:

Ross Michels

Name of Contact Person

Kindred Healthcare, Inc.

Firm/Company

680 South Fourth Street

Address

Louisville, KY 40202

City/State and Zip Code

ross.michels@kindred.com

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

For further information concerning this matter, please call:

Heather Lynn Meindl

312

288-3534

Name of Contact Person

at (

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

CR2E045 (03/12)

APPROVED
AND
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(3/3)

14 APR 21 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HOME CARE HOLDINGS, INC.
2. The principal office address: 680 SOUTH FLORIDA STREET LOUISVILLE, KY 40202
3. The mailing address (if different): 311 PARK PLACE BOULEVARD SUITE 500 CLEARWATER, FL 33759-3999
4. Date of incorporation/qualification: 05/05/1998 Document number: P98000040686
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)
MOREL MITCHEL G
311 PARK PLACE BOULEVARD Suite 500
CLEARWATER, FL 33759-3999
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

Joseph L. Landenuich, Co-General
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.

Counsel + Secretary

By: C T Corporation System
Kristin Bolden 4/18/2014
Signature of Registered Agent Kristin Bolden Date
Assistant Secretary

If signing on behalf of an entity:

Kristin Bolden
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)