

P98000097894

Requester's Name

**Mackail & Sterling, CPA's & Associates, P.A.**

636 U.S. Highway One, Suite 118

North Palm Beach, FL 33408-4611

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

400003274094--2

-06/01/00--01083--014

\*\*\*\*\*25.00 \*\*\*\*\*35.00

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED  
00 JUN -1 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RAIRO  
change

Examiner's Initials

SP

6/19/00

**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 Florida 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 is: Nightingale Home Care, Inc.

2. The mailing address of the corporation is: 80 Celestial Way # 301  
Juno Beach, FL 33408

3. Date of incorporation/qualification: 11/17/98 Document number: P98000097894

4. The name and address of the current registered agent and office:  
Vicki Reeves  
14701 US Highway One  
Juno Beach, FL 33408

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Joseph LaForte  
80 Celestial Way #301  
Juno Beach, FL 33408

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Joseph W. LaForte  
(Signature of an officer, chairman or vice chairman of the board)

5/24/00  
(Date)

Joseph W. LaForte, PRESIDENT  
(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.

Joseph W. LaForte  
(Signature of Registered Agent)

5/24/00  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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