

P990000083958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

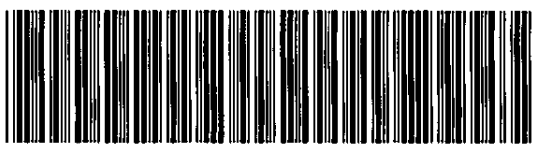
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

06 NOV - 9 AM 10:58

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11/9/06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 588063 7182683  
AUTHORIZATION : *[Handwritten Signature]*  
COST LIMIT : \$ 35.00

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ORDER DATE : November 9, 2006  
ORDER TIME : 10:10 AM  
ORDER NO. : 588063-005  
CUSTOMER NO: 7182683  
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CHANGE OF AGENT

NAME: LEJEUNE HEALTH CARE GROUP,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Kathy Drake -- EXT# 2959

EXAMINER: \_\_\_\_\_

**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: Lejeune Health Care Group, Inc.

2. The principal office address: 1551 Sawgrass Corporate Parkway, Suite 110, Sunrise, FL 33323

3. The mailing address (if different): P.O. Box 266211, Weston, FL 33326-6211

4. Date of incorporation/qualification: 9/20/99 Document number: P990000839

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Brent D. Klein  
701 Brickell Avenue, Suite 1900  
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Corporation Service Company  
1201 Hays Street  
(P.O. Box NOT acceptable)  
Tallahassee, FL 32301

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]  
(Signature of an officer or director)

Asst Sec.  
(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.*

By: Sarah K. Drake  
(Signature of Registered Agent)

11/9/06  
(Date)

If signing on behalf of an entity:  
**Sarah K. Drake**  
**as its agent**  
(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

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