## P01000002012

	ACCOUNT	I NO. :	072100000	032	
	REFEI	RENCE :	750449	7304648	A R
	AUTHORIZA	ATION :	Jalie.	- WA	過過
	COST 1	LIMIT :	\$ 35.00	<i>93</i>	555
ORDER DATE	: January 18,	, 2002	-		F. C. T.
ORDER TIME	: 9:42 AM				Dr. C
ORDER NO.	: 750449-025	-		600004	852931
CUSTOMER N	O: 7304648				
CUSTOMER:	Ms. Jacquelyn Health Centers 421 W. College	S .			
	Murfreesboro,	TN 3713	0		·
	<u>CHANG</u>	E OF AGEN	<u>T</u>		. 8 7
3.773 3 A	E: ACCESS F	HOME CARE	, INC.	MINSSEE, FL	ECEIVED

CONTACT PERSON: Ellyn Herndon -- EXT# 1145 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, the undersigned corporation organized under the laws of the State of _	
submits the following statement in order to change its registered office	
the State of Florida.	<b>三元 8</b> 1
1. The name of the corporation : ACCESS HOME CARE, INC.	
	SERC
2. The mailing address of the corporation: 421 W. College, St., Muf	Freesboro, TN 37130 FV
3. Date of incorporation/qualification: 01/05/2001 Docume	ent number: P01000002012
4. The name and address of the current registered agent and office:	
Corporation Company of Miami	
201 S. Biscayne Blvd., 1500 Miami Center	
Miami, FL 33131	
5. The name and address of the new registered agent (if changed) and/or (P. O. Box Not Acceptable)	r registered office (if changed):
Corporation Service Company	·
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the agent, as changed, will be identical.	business office of its registered
Such change was authorized by resolution duly adopted by its board of authorized by the board.	of directors or by an officer so
authorized by the board.	colacli
(Signature of an officer, chairman or vice chairman of the board)	1/28/02 (Date)
Steve Strawn, President	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of processory corporation, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obligations agent.	ess for the above stated agree to act in this capacity. the proper and complete gation of my position as
( 1/1/6/	1/31/2002
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
	. V.P.
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)