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June 26, 2000

J. HUBERT FARMER (1896-1976)

JAMES H. FARMER, JR. (1930-1999)

*ALSO ADMITTED IN FLORIDA

**ALSO ADMITTED IN GEORGIA

Florida Department of State

Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

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-06/28/00--01081--006
*****35.00 *****35.00

**RE: HOSPICE OF THE EMERALD COAST, INC.
STATEMENT OF CHANGE/REGISTERED OFFICE/
REGISTERED AGENT**

Dear Sirs:

Please find enclosed the original executed Statement of Change of Registered Office or Registered Agent or Both for Corporations for filing with your office. I have also enclosed our check in the amount of \$35.00 as filing fee for this Statement. Once this transaction is complete, please provide confirmation to me of the changes.

Should you have any questions or need additional information, please do not hesitate to contact me.

Your assistance in this matter is greatly appreciated.

*RDA Change
7-13-00
JVE*

Sincerely,

JVE

J. Vincent Edge

JVE/dcp

Enclosures

F:\vince\99893.wir\Florida cover letter

FILED
00 JUN 28 AM 10:37
FLORIDA DEPARTMENT 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, 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: Hospice of the Emerald Coast, Inc.

2. The mailing address of the corporation is: 2929 Highway 77

Panama City, FL 32405

3. Date of incorporation/qualification: 12/13/99 Document number: N99000007332

4. The name and address of the current registered agent and office:

Sue Nelson

2929 Highway 77

Panama City, FL 32405

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Donna Mezzanotte

700 West 23rd Street, Suite 59

Panama City, FL 32405

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.

Ray ShROUT
(Signature of an officer, chairman or vice chairman of the board)

Ray ShROUT, President, Wiregrass Hospice, Inc., Incorporator

6/19/00
(Date)

(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.

Donna Mezzanotte
(Signature of Registered Agent) Donna Mezzanotte

6/19/00
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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