

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Sep 22 1997 8:00am  
Secretary of State**

	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000009397**  
 1. Corporation Name  
**Sunset Harbor Home Health, Inc**

Principal Place of Business <b>7319 N. MacArthur Blvd. Oklahoma City, Ok 73132</b>	Mailing Address <b>P.O. Box 20747 Oklahoma City, OK 73156-0747</b>
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2. Principal Place of Business <b>21 100 S E 2 Street</b>	2a. Mailing Address <b>28 100 S. E. 2 Street</b>
Suite, Apt. #, etc. <b>22 36<sup>th</sup> Floor</b>	Suite, Apt. #, etc. <b>27 3<sup>rd</sup> Floor</b>
City & State <b>23 Miami, Fla</b>	City & State <b>28 MIAMI, Fla</b>
Zip <b>24 33131</b>	Country <b>25 U.S.A.</b>
	Zip <b>29 33131</b>
	Country <b>30 U.S.A.</b>

3. Date Incorporated or Qualified <b>2/19/95</b>	3a. Date of Last Report <b>5/14/97</b>
4. FEI Number <b>65-0583910</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C. T. Corporation  
John J. Linnihan  
1200 South Pine Island Road  
Plantation, Fla 33324**

10. Name and Address of New Registered Agent

81 Name <b>Susan Tarbe, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>100 S. E. 2 Street</b>
83 <b>36<sup>th</sup> Floor</b>
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33131</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Susan Tarbe (Susan tarbe) DATE 08/25/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D. P. Burcher John J. Burcher 2911 2nd Mail Creek Road Oklahoma City, OK 73120</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D. VP Thomas R. Colvin 2706 Randolph Road Edmond, OK 73013</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>John Scott Burcher 3604 N. E. 143 St. Edmond, OK 73034</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>C. Sole Director ! P Charles M. Fernandez 100 S. E. 2nd Street - 36th Floor MIAMI, Fla 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>Secretary Susan Tarbe, Esq. 100 S. E. 2nd Street - 36 Floor MIAMI FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>Maria T. Sosa 100 S. E. 2nd Street - 36th Floor MIAMI, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>300002302953 -09/25/97--01009--019 ***61.25</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Tarbe DATE 08/25/97 (305) 350-7540  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)