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SECRETARY OF STATE
TALLANASSEE, FLORIDA

C T Corporat	ion System	<u>·</u>	_
Requestor's Name	•		
660 East Jef	ferson Street		_
Address Tallahassee,			_
City State	Zip	Phone	
•		•	

CORPORATION(S) NAME

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Monor Care of	Plan	tation, Tex	12 S.N. N.
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) Profit) NonProfit		() Amendment	() Merger
) Limited Liability Compa) Foreign	any	() Dissolution/With	
) Limited Partnership) Reinstatement	حدث المسا	() Annual Report () Reservation	() Other Change of R.A. () Fictitious Nam
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() Call When Ready (X) Walk In () Mail Out		() Call if Problem () Will Wait	() After 4:30 XX Pick Up
Name Availability Document Examiner		4/27/99	PLEASE RETURN EXTRA COPY(S FILE STAMPED THANKS JOEY
Updater			
Verifier Acknowledgment			4-27-99
W.P. Verifler			<u></u>

Florida Department of State, Jim Smith, Secretary of State

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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Manor Care of Plantation, Inc.
1b. Date of incorporation July 22, 1970 Document number 367316
2. The name and address of the current registered agent and office: United States Corporation Company
1201 Hays Street, Tallahassee, FL 32301
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Final 332
The street address of its registered agent 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. R. Jeffrey Bixler, Vice Pres. & Secy. (Type or printed name and title)
<u> </u>
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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. C T PROPAGION SYSTEM SIGNATURE BY: Gil S. Apelis, Asst. Secretary (Registered Agent) DATE DATE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)