

4/19/00

## APR-19-00 WED 01:47 PM NATIONAL CORP, RESEARCH FAX NO. 212 564 6083 (((HOOOOOO017964 8)))

## Florida Department of State, Sandra B. Mortham, Secretary of State

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## 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 <u>Florida</u> 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: F.L.C. SARASOTA NURSING PAVILION, INC.

2. The mailing	address of the corp		10065 RED R	TIN BL 37			
910	PIDGE BROOK					WHL.5. WH	21117
**************************************					ZIIZZ		
	orporation/qualification				ment number;	488517	
4. The name ar	nd address of the cu	rrent regis	tered agent and a	office:		EC A	
	C T CORPORA	TION SY	STEM				
	1200 SOUTH 1	INE ISL.	AND ROAD				
	PLANTATION			<u> </u>	U\	E P	
5. The name an	id address of the ner			(m. 6)		E.S. 32	
		w togistore		x: (P. O,	Box Not Acc		
	NATIONAL CO					BA	
	1406 Hays Stre	et, Suite	#2, Tallahas	see. Fin	orida 32304	-	
					Indu OLOVI	-	
such change w infliorized by (	ress of its registered ed, will be identicated as authorized by re- bo board.	solution	duly adopted by	its board	of directors	or by an ollic 0 - Zoed	er so
(Signature of an officer, chairman or vice chairman of the board)				ard)		(Date)	"
Melissa Warl	low, Vice President					(·,	
(Printed or typed name and title)					·	(Date)	- · ·
laving been na orporation, I I further agree erformance of egistered agen	uned as registered vereby accept the a to comply with the iny duties, and I a st.	agent and Ppointme provision m familia	d to accept serv int as registered is of all statutes ir with and acce	ce of pro agent an relative i pt the obl	cess for the d a gree to a to the proper ligation of m	toxes above stated of in this cape and complete y position as	icity.
20					,		
7.8	iguature of Registere	TAgon()			<u> </u>	10	·
signing on behal					\***L		
John L. Morri	ssey				Asst. V	ice President	
	Typed or Printed Name	9)	- <u> </u>	<u></u>	(Capacit		
222015(4/95)					-	FILING FEE: \$35	00
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