1,91949

C T Corporation System			
Requestor's Name 660 Fast Jefferson Street			
Address Tallahassee, FL 32301	Phone	6000028532 -04/27/9901	2061 051011
City State Zip CORPORATIO	N(S) NAME	****875.00	*****35 . 00
() Limited Partnership () Reinstatement	() Amendment () Dissolution/Withdra () Annual Report () Reservation	() Merger	FILED PH 12: 36 99 APR 27 PH 12: 36 GEORETARY OF STATE AFRICAN AFRICAN
() Limited Liability Partner () Certified Copy	() Photo Copies	() CUS	<u></u>
() Call When Ready () Walk In () Mail Out	() Call if Problem () Will Wait	() After 4:30 ∰ Pick Up	 · · ·
Name Availability Document Examiner	4/27/99	LEASE RETURN EXTRA COPY FILE STAMPED THANKS JOEY	(s)` ´ ·
Updater		RAIRO	
Verifier Acknowledgment		RAIRO	1/27/99
W.P. Verifier		R"	+(~ ·

CR2E031 (1-89)

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: Americana Healthcare Corporation of Naples
1b. Date of incorporation August 12, 1980 Document number 681849
2. The name and address of the current registered agent and office:
United States Corporation Company
1201 Hayes 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 Florida 3
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) DATE
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 COMPATION SYSTEM SIGNATURE BY: Gil S. Apelis, Asst. Secretary (Registered Agent) DATE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

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

CR2E045 (7-91)