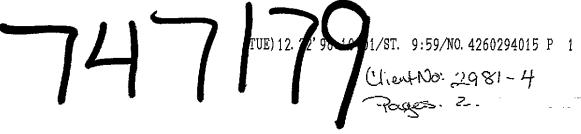
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LIVISION OF CONFORATIONS

Account Name : HILL, WARD & HENDERSON, P.A. II

Account Number : 072100000520 Phone : (813)221-3900

Fax Number

: (813)221-2900

98 DEC 22 AN 10:

REGISTERED AGENT CHANGE

HOSPICE OF SOUTHWEST FLORIDA, INC.

Certificate of Status	O Trans missionauras in the second
Certified Copy	0
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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 ofFlorida 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 Southwest Florida, Inc.	
	The mailing address of the corporation is: 6055 Rand Boulevard Sarasota, Florida 34238	
	3. Date of incorporation/qualification: May 15, 1979 Document number: 747179	
	4. The name and address of the current registered agent and office:	
	Ward E. Dahlgren, Esq.	
	1750 Ringling Boulevard 28	
	Sarasota, Florida 33577 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
	Stephen B. Straske II. Esq.	
÷ ÿ · ·	101 East Kennedy Boulevard, Suite 3700	
	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.	
	Somme E. Harvey Alas Man & CET 13/18/98 (Signature of an office, pharman or vice chairman of the board) (Date)	
	BONNIE E. HArvey, President & CEO (Printed of typod 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.	
	That 1 December 21, 1998	
	Stephen B. Straske II, Esq. If signing on behalf of an entity:	
	(Typed or Printed Name) (Capacity)	
	*** FILING FEE: \$35.00 ***	
	CR2E045(7/97)	
Prepared By	: Stephen B. SPASSONOF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314 Hill, Ward & Henderson, P.A. Post Office Box 2231, Tampa, FL 33601 (813) 221-3900	
	Florida Par No. 060070	

Florida Bar No. 060070 (((H980000023819 9)))