

CORPORATE
ACCESS,
INC.

A93000001125

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 3/20/01 11:00

CERTIFIED COPY

CUS

X PHOTO COPY

X FILING

RA Change

1.) Dixie Health Care Centers, L.P.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

FILED
01 APR -2 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400003887694--8
-03/20/01--01007--015
*****20.00 *****10.00

400003887694--8
-03/20/01--01007--009
*****25.00 *****25.00

RECEIVED
01 MAR 20 AM 9:32
DIVISION OF CORPORATION

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

nm 4/2



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 20, 2001

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: DIXIE HEALTH CARE CENTERS, L.P. (LIMITED PARTNERSHIP)
Ref. Number: A93000001125

We have received your document for DIXIE HEALTH CARE CENTERS, L.P. (LIMITED PARTNERSHIP) and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$35.00 payment.

You have used the wrong form. Please use the attached form for LIMITED PARTNERSHIPS.

ALSO, please make certain that the new R.A. SIGNS the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 301A00016826

Corrected
4/2/01

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TALLAHASSEE, FLORIDA

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01 APR -2 AM 10:06
DIVISION OF CORPORATIONS

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Dixie Health Care Centers, L.P. (Limited Partnership)
Name of the limited partnership

2. 10/29/93 3. A930000001125
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and/or office:

NRAI Services, Inc.
Name
526 E. Park Avenue
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

[Signature]
Signature of General Partner James R. Smith

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 obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00