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Division of Corporations

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F02000001744

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CAMELOT HEALTHCARE, INC.

Certificate of Status	0
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Page Count	01
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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 Louisiana 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: Camelot Healthcare, Inc.

2. The mailing address of the corporation: 201 E. Louisiana Avenue, Rayne, LA 70578

3. Date of incorporation/qualification: 4/9/2002 Document number: F02000001744

✓ 4. The name and address of the current registered agent and office:

ANDREA CSEH

2901 Swann Avenue

Tampa, FL 33609

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Registered Agents Legal Services, Inc.

1333 north Duval Street

Tallahassee, FL 32303

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.

✓ [Signature]
(Signature of an officer, chairman or vice chairman of the board)

✓ 6-18-02
(Date)

✓ Robert R. Hicks, President
(Printed or typed 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.

[Signature]
(Signature of Registered Agent)

6/18/02
(Date)

If signing on behalf of an entity:

Michael W Ashley
(Typed or Printed Name)

VP
(Capacity)

*** FILING FEE: \$35.00 ***

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