



F05994

ACCOUNT NO. : 072100000032
REFERENCE : 248781 4350891
AUTHORIZATION : *Patricia Pzyt*
COST LIMIT : \$ 35.00

ORDER DATE : February 4, 1997

ORDER TIME : 9:10 AM

ORDER NO. : 248781

CUSTOMER NO: 4350891

CUSTOMER: Robert Pommerville, Esq
Beverly Enterprises, Inc.
5111 Rogers Avenue
Ste 40-a
Fort Smith, AR 72919

300002094993--6

CHANGE OF AGENT

NAME: PETERSEN HEALTH CARE, INC.

FILED
97 FEB 24 PM 2:43
TALLAHASSEE FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper

*PA Change
2/24/97
DE 114*

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
FLORIDA submits the following statement in order to change its registered office
or registered agent, or both, in the State Florida.

1a. The name of the corporation is: _____

PETERSEN HEALTH CARE, INC.

1b. Date of incorporation: 11/19/80 Document number F05994

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

C T CORPORATION SYSTEM

1200 SO. PINE ISLAND DRIVE

PLANTATION

FL

33324

3. The name and address of the new registered agent and office:

(P.O. Box Not Acceptable)

CORPORATION SERVICE COMPANY

1201 Hays Street, Tallahassee, Florida 32301

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.

Holly A. Odom
SIGNATURE

2/19/97

DATE

HOLLY A. ODOM
ASST SECRETARY

Typed or printed name and title

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 COM-
PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CORPORATION SERVICE COMPANY
DEBBIE SKIPPER

SIGNATURE By: Debbie Skipper
ASST VICE PRESIDENT

DATE 1/24/97