

New York, NY

Albany, NY

Dover, DE

Los Angeles, CA

February 14, 2000

F94000003223

RE: Integrated Health Services of Lester, Inc.

800003135888--2 -02/15/00--01082--019 *****35.00 ******35.00

Secretary of State of Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Attention:

Corporate Filing Clerk

Kindly file the duplicated Statement of Change of Agent Form for the attached referenced corporation, returning a filed stamped copy to us in the self-addressed, stamped envelope provided for your convenience ASAP.

We are enclosing a check for \$35.00 payable to you for this filing.

Please contact the undersigned at (800) 221-0102, if there are any problems or questions before returning the filing.

Thank you for your assistance.

Sincerely,

John Morrissey

Assistant Vice President

2-28-50

OHS

JM:moc Enclosures

225 West 34th Street, New York, New York 10122 (212) 947-7200 (800) 221-0102 Fax (212) 564-6083 e-mail address: info@nationalcorp.com

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Fursiant to the provisions of sections 607.0502, 617.050, 607. 1508, or corporation organized under the laws of the State of <u>DELAWARE</u> to change its registered office or registered agent, or both; in the State of Flor	617.1508, Florida Statutes, the undersignedsubmits the following statement in order
*	raa. 🙀 ·
1. The name of the corporation is: Integrated Health Services of Leste	er, Inc.
2. The mailing address of the corporation is: 10065 RED RUN BLV	D.; OWINGS MILLS, MD 21117
3. Date of incorporation/qualification: 6/20/94 Document number:	F94000003233
4. The name and address of the current registered agent and office:	
C T Corporation Systems	A O
1200 S. Pine Island Road	
Plantation, FL 32324	SS 22 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
5. The name and address of the new registered agent and office: (P.O.)	Box Not Acceptable)
NATIONAL CORPORATE RESEARCH, LTI	
1406 Hays Street, Suite #2, Tallahassee, FL 32	The state of the s
The street address of its registered office and the street address of the bechanged, will be identical.	ousiness office of its registered agent, as
Such change was authorized by resolution duly adopted by its board of d	lirectors or by an officer so authorized by
Mouse	2/-/
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Melissa Warlow, Vice President	N. Nagarin
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of process for the the appointment as registered agent and agree to act in this capacity. I further ag statutes relative to the proper and complete performance of my duties, and I am to position as registered agent.	aron to an amelia collection of the second
Ad m	
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	, , ,
John L. Morrissey Assista	ant Vice President
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	Eiling Fact day on

Filing Fee: \$35.00