

Document Number Only

F94000003516

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

300002604593--7

-07/31/98--01089--019

*****35.00 *****35.00

SUNRISE HEALTHCARE Corporation

☐ Profit

☐ NonProfit

☐ Amendment

☐ Limited Liability Company

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☒ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Selectious Note

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

Please call Jeff Butterfield
if any problems/questions.

THANKS!

7/31
R.A. change

RECEIVED
98 JUL 31 PM 1:44
DIVISION OF CORPORATION
FILED
98 JUL 31 PM 4:01
TALLAHASSEE, FLORIDA



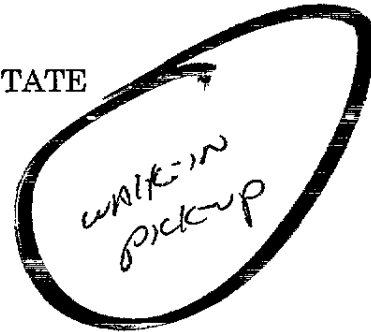
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 3, 1998

CT CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: MOONRISE HEALTHCARE CORPORATION
Ref. Number: F94000003516



We have received your document for MOONRISE HEALTHCARE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

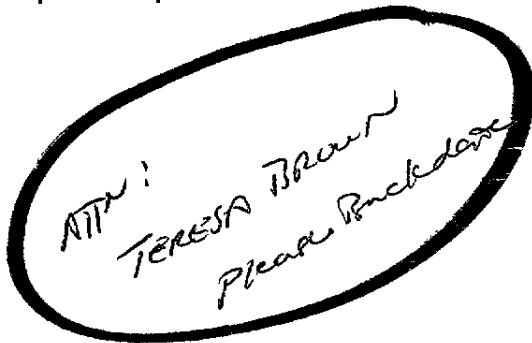
Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 998A00040432



RECEIVED
98 AUG -4 PM 3:31
DIVISION OF CORPORATION

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

1a. The name of the corporation is: MODURISE HEALTHCARE CORPORATION

1b. Date of incorporation July 5, 1994 Document number F94000003516

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

The Prentice Hall Corporation System, Inc.

1201 Hays Street, Suite 105, Tallahassee, FL 32301

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

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.

Michael T. Berg
SIGNATURE

7/21/98

DATE

Michael T. Berg, Assistant Secretary
(Type 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 COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM

SIGNATURE BY: Vickie M. Prince

Vickie M. Prince, Assistant Secretary (Registered Agent)

DATE

7/21/98

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

Filing Fee: \$35.00