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CT Corporation System

Requestor's Name 660 East **J**efferson Street

Address

Tallahassee, FL 32310 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

000002617770--9 -08/17/98--01101--007 ****420.00 *****35.00

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Germacare of	Clearwater, Inc.	ARE JARS
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) NonProfit	() Amendment	5
) Foreign	() Dissolution/Withdrawal	() Limited Liability
) Limited Partnership) Reinstatement) Fictitious Name	() Annual Report () Name Registration () UCC-1 Financing Stateme	() Other (f) Change of R.A. ent() UCC-3 Filing
) Certified Copy	() Photo Copies	() CUS
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W.P. Verifier		

CR2E031 (1-89)

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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 DELAWARE 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: PERSONACARE OF CLEARWATER, INC.
1b. Date of incorporation February 15, 1995 Document number F95000000774
2. The name and address of the current registered agent and office:
THE PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS STREET, 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 3332
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.
JOSEPH LANDENWICH, SECRETARY
SIGNATURE (Type or printed name and title)
DATE
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. SIGNATURE BY: CAROL RECORD, ASST. SEC'Y (Registered Agent) DATE 8-13-98
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)