Document Number Only C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, Florida 32301 City Zlp Phone State **CORPORATION(S) NAME** Rehabilitation () Profit () NonProfit () Amendment () Limited Liability Company () Dissolution/Withdrawal () Mark () Foreign () Annual Report () Other () Limited Partnership Change of R.A. () Reservation () Reinstatement () Fictitious Name () Limited Liability Partnership () Certified Copy () Photo Copies () CUS () After 4:30 () Call When Ready () Call if Problem () Will Wait Pick Up Walk In () Mail Out Name Availability PLEASE RETURN EXTRA COPY(S) FILE STAMPED Document 12/26/96 Examiner Updater Verlier Acknowledgment W.P. Verlfler

CR2E031 (1-89)

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.
10 The page of the appropriation in Paragon Rehabilitation, Inc.
1a. The name of the corporation is:
<u> </u>
1b. Date of incorporation 2-17-95 Document number Document number
2. The name and address of the current registered agent and office: ASSY P D
Capital Service Company
1201 Hayes 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 333
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.
Jacey C. Coly Tracey C. Cosby - Assistant Secretary SIGNATURE Typed or printed name and title
OSIGNATURE Typed 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: Mary R. Adams (Registered Agent) Asst. Secur.

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

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) FILING FEE: \$35.00