

Document Number Only

F95000002243

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

FILED
98 JUL 31 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900002604599--8
-07/31/98--01089--023
*****35.00 *****35.00

Suncoast Respiratory Services, INC.

RECEIVED
98 JUL 31 PM 1:44
DIVISION OF CORPORATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input checked="" type="checkbox"/> Change of P.A. |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> CUS/ G/S |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Mail Out | | <input checked="" type="checkbox"/> Pick Up |

Name	
Availability	
Document Examiner	<i>me</i>
Updater	<i>7/31</i>
Verifier	
Acknowledgment	
W.P. Verifier	

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Please call Jeff Butterfield
if any problems/questions.

THANKS !

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 Indiana 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: Suncare Respiratory Services, Inc.

1b. Date of incorporation April 20, 1995 Document number F95000002243

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 7/27/98

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (7-91) Filing Fee: \$35.00