•	Dryisic	IN OF CORPORAT	ION	
CT Corporation System				
Requestor's Name 660 East <b>J</b> efferson Str	reet			
Address Tallahassee, FL 32310	222-1092			
City State Zip	Phone	300	00026177 -08/17/98011	01007
CORPORATIO	ON(S) NAME		****420.00 *>	※※※※35.UU 
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			ACC S	
Respiratory (	are Servic	b, Inc	HASSE TO	
( ) Profit ( ) NonProfit	() Amendment		() Merger	PH 2: 00
			() Limited Liabi	
() Foreign	() Dissolution/V			
() Limited Partnership	() Annual Report		( ) Other () Change of R.A	
() Reinstatement () Fictitious Name	()Name Registration ()UCC-1 Financing Statemer			. <b>.</b>
() Certified Copy	() Photo Copie	S	() CUS	<del>-</del> .
() Call When Ready ⟨x) Walk In () Mail Out	() Will Wait	m	() After 4:30 (X) Pick Up	_
	leas <b>e Re</b> turn Extra Co ile Stamped. Thank Y		8/17	
Updater Verifier Acknowledgment	Hope			

CR2E031 (1-89)

W.P. Verifier

## 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 607.05 Florida Statutes, the undersigned corporation  DELAWARE submits the following statem or registered agent, or both, in the State of Fl	organized under the laws of the State of ent in order to change its registered office
or registered agent, or both, in the State of the	orida.
1a. The name of the corporation is: RESPIRATE	CORY CARE SERVICES, INC. OF DELAWARE
1b. Date of incorporationJuly 21, 1995	Document number F95000003528
2. The name and address of the current regi	stered agent and office:
1201 HAYS STREET, SUITE 105, TALLAHASSE	PER
The name and address of the new registe     (P.O. Box Not Acceptable)	5,27
c/o C T CORPORATION SYSTEM, 1200 South P	ine Island Rd., Plantation Florida 3332
The street address of its registered agent and of its registered agent as changed will be ident as changed will be ident as change was authorized by resolution dual officer so authorized by the board.	ntical.
Jun Maren	JOSEPH LANDENWICH, SECRETARY
/ SIGNATURE Hugust 4 1998	(Type or printed name and title)
DATE	
HAVING BEEN NAMED AS REGISTERED AC PROCESS FOR THE ABOVE STATED CORI IN THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAPA WITH THE PROVISIONS OF ALL STATUTES PLETE PERFORMANCE OF MY DUTIES, AN THE OBLIGATION OF MY POSITION AS REC	PORATION AT THE PLACE DESIGNATED THE APPOINTMENT AS REGISTERED CITY. I FURTHER AGREE TO COMPLY RELATIVE TO THE PROPER AND COM- DIAM FAMILIAR WITH AND ACCEPT
SIGNATURE	
	ASST. SEC'Y (Registered Agent) -13-98

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

Filing Fee: \$35.00

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

CR2E045 (7-91)