

F95000004744

Thomas Fox
Respiratory Care Resources
Everglades Regional Medical Cntr.
200 S. Barfield Highway
Pahokee, FL 33476

900002214059--5
-06/17/97--01010--007
*****35.00 *****35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
97 JUN 12 PM 3:12

RECEIVED
97 MAY 14 AM 8:35
DIVISION OF CORPORATIONS

NA Change

JUN 13 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 20, 1997

Thomas Fox
Respiratory Care Resources
200 S. Barfield Highway
Pahokee, FL 33476

SUBJECT: BAYER RESTORATIVE CARE, INC.
Ref. Number: F95000004744

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to change the registered agent is \$35.

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 (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 497A00027154

RECEIVED
97 JUN 12 AM 7:04
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, 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 OHIO submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Bayer Restorative Care, Inc.
2. The mailing address of the corporation is: 7533 Easy Street
Mason, Ohio 45040
3. Date of incorporation/qualification: September 9, 1995 Document number: F95000004744 (7)
4. The name and address of the current registered agent and office:


Teeter, Susan
4653C L.B. McLeod Road
Orlando, Florida 32811

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

Fox, Thomas
Respiratory Care Resources
Everglades Regional Medical Center
200 S. Barfield Highway
Pahokee, Florida 33476

The street address of its registered office 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.

 5/5/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

Thomas Jordan, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

 5-10-97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
97 JUN 12 PM 3:12