

F96000003747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

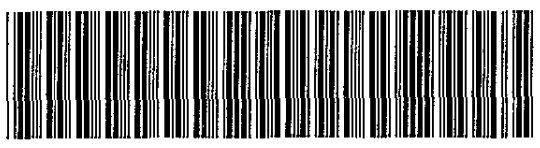
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHSIDE HEALTH CARE CENTER, INC.
(Name of corporation)

DOCUMENT NUMBER: F96000003747

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry Tarwater
(Name of person)

Charles Baclet and Associates, Inc.
(Name of firm/company)

2030 N. Main Street, Suite 1030
(Address)

Irvine, CA 92614
(City/state and zip code)

For further information concerning this matter, please call:

Paul J. Hagan at (949) 955-9585
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



CHARLES BACLET
AND
ASSOCIATES, INC.



CBA is an affiliate of National Registered Agents, Inc.

VIA U.S. MAIL

September 3, 2004

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee FL 32314

RE: Southside Health Care Center, Inc.

Dear Sir/Madam:

Enclosed for filing, please find the appropriate document required by your state for changing the registered agent to National Registered Agents, Inc. Also, please find a check in the amount of \$35.00 to cover your filing fees.

Please process as soon as possible and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

A handwritten signature in black ink, appearing to read "Terry Tarwater".

Terry Tarwater

Enclosures

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, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SOUTHSIDE HEALTH CARE CENTER, INC.
- 2. The principal office address: Sun Healthcare Group - Legal Dept.
101 Sun Ave. N.E., Albuquerque, NM 87109
- 3. The mailing address (if different): Same

4. Date of incorporation/qualification: July 24, 1996 Document number: F96000003747

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

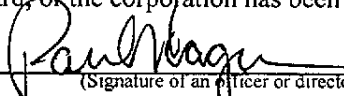
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
526 E. Park Avenue
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA


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, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Paul J. Hagan, Assistant Secretary
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

(Signature of Registered Agent)

September 2, 2004
(Date)

If signing on behalf of an entity:

Lori Knohl
(Typed or Printed Name)

Vice President
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314