THE UNITED STATES

ACCOUNT NO.

072100000032

REFERENCE

161995

.5033116

AUTHORIZATION

COST LIMIT

ORDER DATE: March 9, 1999

ORDER TIME : 1:18 PM

ORDER NO. 161995-015

CUSTOMER NO: 5033116

CORPORATION

CUSTOMER: Ms. Sue Stephens

Morrison Health Care, Inc.

Suite 400

1955 Lake Park Drive Smyrna, GA 30080

- 70000279993

CHANGE OF AGENT

NAME:

DRAKE MANAGEMENT SERVICES, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Maria Stephens



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 10, 1999

CSC MARIA STEPHENS TALLAHASSEE, FL

SUBJECT: DRAKE MANAGEMENT SERVICES, INC.

Ref. Number: F97000001028

We have received your document for DRAKE MANAGEMENT SERVICES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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 (850) 487-6908.

Teresa Brown Corporate Specialist

Letter Number: 799A00011219



Florida Department of State, Sandra B. Mortham, Secretary of State

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	he provisions of sections 607.0502, 617.0502	2, 607.1508, or 617.1508, Florida Statutes, th	he
undersigned c	corporation organized under the laws of the Si	tate of Arizona	
submits the fo	llowing statement in order to change its regis	stered office or registered agent, or both, in th	he
State of Floria	la.		
1. The name of DRAKE MA	of the corporation is: NAGEMENT SERVICES, INC.		
2. The mailing	g address of the corporation is: 6263 N. SCO	TTSDALE ROAD #210	
SCOTTSDA	ALE , AZ 85250		
3. Date of inc	orporation/qualification: February 27, 19	Document number: F97000001028	<u>.</u>
4. The name a	and address of the current registered agent and	office:	
	CT Corporation System		
	1200 South Pine Island Road	SECTOR SECTOR	
	Plantation, FL 33324	HET IN	Ë
5. The name a	and address of the new registered agent and of	ffice: (P. O. Box Not Acceptable)	M
	Corporation Service Company		
	1201 Hays Street	ORID ORID	, ວ ຄ
	Tallahassee, FL 32301		
The street ad agent, as cha	ldress of its registered office and the street a inged, will be identical.	address of the business office of its registere	d
Such change authorized by	was authorized by resolution duly adopted y the board.	by its board of directors or by an officer so	
Orhn	E FOUNTAUN	March 5, 1999	
(Signatu	ure of an officer, chairman or vice chairman of the board)	(Date)	
JOHN E. FOUN	TAIN, Secretary		
	(Printed or typed name and title)	(Date)	
corporation,	oj my auties, ana i am jamitiar wiin ana ai	ites relative to the proper and complete	
Corporation	n Service Company Malen 3	16ar 3/10/99	
	(Signature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
KAREN B. RO		Assistant Vice President	
	(Typed or Printed Name)	(Capacity)	

CR2E045(3/96)