

New York, NY

Albany, NY

Dover, DE

Los Angeles, CA

February 14, 2000 F 9 7 0 0 0 0 0 0 0 4 6 0 4

RE: Integrated Health Services Franchising Co., Inc.

Secretary of State of Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 000003135880--7 -02/15/00--01082--014 *****35.00 *****35.00

Attention:

Corporate Filing Clerk

Kindly file the duplicated Statement of Change of Agent Form for the attached referenced corporation, returning a filed stamped copy to us in the self-addressed, stamped envelope provided for your convenience ASAP.

We are enclosing a check for \$35.00 payable to you for this filing.

Please contact the undersigned at (800) 221-0102, if there are any problems or questions before returning the filing.

Thank you for your assistance.

Sincerely,

John Morrissey

Assistant Vice President

JM:moc Enclosures 2-24-00 DMS

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

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

1. The name of the corporation is: Integrated Health Services Franchising Co., Inc. 2. The mailing address of the corporation is: 10065 RED RUN BLVD, OWINGS MILLS, MD 3. 21117 4. Date of incorporation/qualification: 09/02/1997 Document number: F97000004604 5. The name and address of the current registered agent and office: CT Corporation Systems 1200 S. Pine Island Road Plantation. FL 32324 5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 Havs Street. Suite #2, Tallahassee, FL 32301 The street address of its registered office and the street address of the business office of its registered agent, as shanged, 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. Melissa Warlow, Vice President Printed or typed name and title) Melissa Warlow, Vice President Printed or typed name and agree to act in this capacity. I further agree to comply with the provisions of all tatutuses relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of any ostion as registered agent. Signature of Registered Agent) Signing on behalf of an entity: John L. Morrissey Assistant Vice President (Capacity)	Pui cor to c	rsuant to the provisions of sections 607.0502, 617.050, 607. 1508, or 617.1508, Florida Statutes, the under rporation organized under the laws of the State of <u>DELAWARE</u> submits the following statement in change its registered office or registered agent, or both, in the State of Florida.	signe orde
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John L. Morrissey Assistant Vice President	Sig	nature of Registered Agent) (Date)	•
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Filing Fee: \$35.00

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