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C I CORPORATION SYSTEM	
Requestor's Name 660 East Cafferson Street	
Address : Tallahasaa, Elarida 32301 :	500002604605-,-7
City Siste Zip Phone 904-222-1092 CORPORATION(S) NAME	-07/31/9801089027 *****35.00 ******35.00 ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO
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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 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <a href="Delaware">Delaware</a> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.		
1a. The name of the corporation is:	Sunalliance Healthcare Services, Inc.	
1b. Date of incorporation February	4, 1998 Document number <u>F98000000651</u>	
2. The name and address of the cu	rrent registered agent and office:	
Corporation Service Company		
1201 Hays Street, Suite 105, Ta	llahassee, FL 32301	
The name and address of the ne     (P.O. Box Not Accepta		
c/o C T CORPORATION SYSTEM, 1200	South Pine Island Rd., Plantation Florida 33324	
Such change was authorized by res an officer so authorized by the board SIGNATURE 7/21/9	olution duly adopted by its board of directors or by d.  Michael T. Berg, Assistant Secretary  (Type or printed name and title)	
PROCESS FOR THE ABOVE STAT IN THIS CERTIFICATE, I HEREBY A AGENT AND AGREE TO ACT IN THE WITH THE PROVISIONS OF ALL S PLETE PERFORMANCE OF MY DUTHE OBLIGATION OF MY POSITION SIGNATURE.	ERED AGENT AND TO ACCEPT SERVICE OF ED CORPORATION AT THE PLACE DESIGNATED ACCEPT THE APPOINTMENT AS REGISTERED HIS CAPACITY. I FURTHER AGREE TO COMPLY TATUTES RELATIVE TO THE PROPER AND COM- ITIES, AND I AM FAMILIAR WITH AND ACCEPT N AS REGISTERED AGENT.  CORPORATION SYSTEM SNATURE BY: Vickie M. Prince (Registered Agent) Assistant Secretary TE  TO GOVERNMENT  TO	
<b>Division of Corporations,</b> CR2E045 (7-91)	P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00	

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