

LO1000012580

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(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 302804 4720460  
AUTHORIZATION : *Patricia Pigato*  
COST LIMIT : \$ 25.00

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TALLAHASSEE, FLORIDA

ORDER DATE : April 7, 2005

ORDER TIME : 11:05 AM

ORDER NO. : 302804-245

CUSTOMER NO: 4720460

CUSTOMER: Kenyetta Massiah  
Coastal Administrators  
Suite 500  
303 Perimeter Center North  
Atlanta, GA 30346

CHANGE OF AGENT

NAME: VISTA MANOR HEALTH CARE  
ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: VISTA MANOR HEALTH CARE ASSOCIATES, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

1550 Jess Parrish Court, Titusville, FL 32796

July 30, 2001  
3. Date of filing/registration in Florida

L01000012580

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the  
Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

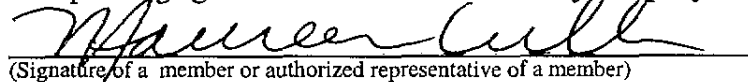
Tallahassee

FL

32301

City, State and Zip

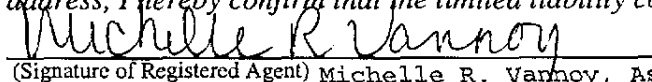
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Maureen Cullen, Attorney In Fact

(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Michelle R. Vannoy, Asst. Vice President

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

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