

m95000000387

Requester's Name: Al Clark

Address: Box 623

City/State/Zip: Tallahassee FL 32302 Phone #: 224 6161

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 AUG 19 PM 4: 01

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Coral Reef Nursing + Rehabilitation Center, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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RECEIVED

DIVISION OF CORPORATION

- Walk in       Pick up time       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

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\*\*\*\*\*25.00 \*\*\*\*\*25.00

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Name Availability	
Document Examiner	DCC
Updater	<input type="checkbox"/> Annual Report
	<input type="checkbox"/> Fictitious Name
Updater Verifier	DCC
Witness/Judgement	DCC
P. Verifier	DCC

Examiner's Initials

MAIL Out

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2 pages

**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: Coral Reef Nursing and Rehabilitation Center L.L.C
2. The mailing address of the limited liability company is : 2151 Quail Run Drive  
Baton Rouge, LA 70808

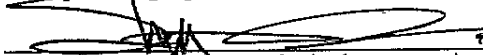
3. Date of filing/registration in Florida 12/28/1995
4. Document number M95000000387

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
- Corporation Service Company  
Name  
1201 Hays Street  
Address  
Tallahassee, FL 32301-2525  
City, State and Zip

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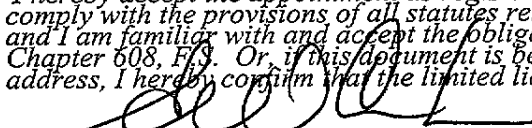
6. The name and address of the new registered agent and/or office:
- Alfred W. Clark  
Name  
117 S. Gadsden, Suite 201  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32301  
City, State and Zip

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)

Steve E. Hicks  
(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)

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