02/02/2005 11:08 FAX 3523437759

Division of Corporations



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Central Fiorida Health Care Development Corporation
(Name of corporation)

DOCUMENT NUMBER; N13443

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William H. Cauthen, Esq.

(Name of contact person)

Cauthen & Feldman, P.A.

(Firm/Company)

215 North Joanna Avenue

(Address)

Tavares, FL 32778

(City/state and zip code)

For further information concerning this matter, please call:

 William H. Cauthen, Esq.
 at (352)
 343-2225

 (Name of contact person)
 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

1. The name of the corporation: Central Florida Health Care Development Corporation

2. The principal office address; 600 E. Dixie Avenue, Leesburg, FL 34748

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 02/14/85

Document number: N13443

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

H.D. Robuck Jr., Esq.

610 E. Main Street

Leesburg, FL 34748

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William H. Cauthen, Esq.

215 North Joanna Avenue

(P.O. Box NOT acceptable)

Tavares, FL 32778

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the barrd, of the corporation has been notified in writing of the change.

an ATTICAT OF ALTECTOF

Richard L. Wooten, President (Printed or typed name and true)

I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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February 2, 2005

(Date)