

N41822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

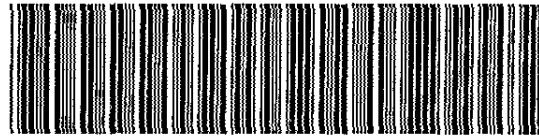
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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B.A. change

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Elder Care of Alachua County, Inc.
(Name of corporation)

DOCUMENT NUMBER: N41822

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:

Lisa Coggins
(Name of person)

Shands Teaching Hospital and Clinics, Inc.
(Name of firm/company)

P.O. Box 100303
(Address)

Gainesville, FL 32610
(City/state and zip code)

For further information concerning this matter, please call:

Lisa Coggins at (352) 265-8051
(Name of 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

SHANDS HealthCare

Legal Services

January 15, 2004

Dennis Carter, Treasurer
Elder Care of Alachua County, Inc.
1600 SW Archer Road
Gainesville, FL 32610

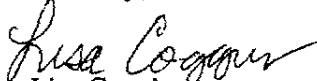
Dear Mr. Carter:

As our current Registered Agent, Leonard Grill, is no longer employed with Shands Teaching Hospital and Clinics, Inc., I am in the process of changing the Registered Agent for Elder Care of Alachua County, Inc. ("Elder Care"). Charles Koval will be assuming this role for this corporation.

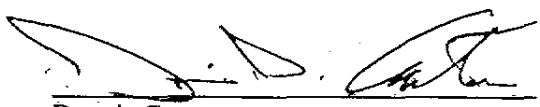
The Florida Statutes state that a change in Registered Agent must either be duly adopted by a Resolution by the Board of Directors or by an Officer who had authorization from the Board to agree to this change. As Treasurer, please sign and date where indicated below to effect this change. Once signed, please return the original to me.

If you have any questions, please contact me at 265-8051.

Sincerely,


Lisa Coggins
Paralegal

Agreed By:


Dennis Carter
Treasurer
Elder Care of Alachua County, Inc.


Date

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Elder Care of Alachua County, Inc.
2. The principal office address: 4026 NW 22nd Drive, Gainesville, FL 32605
3. The mailing address (if different): PO Box 100303, Gainesville, FL 32610
4. Date of incorporation/qualification: January 28, 1991 Document number: N41822
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Leonard J. Grill
1329 SW 16th Street, Ste 5256
Gainesville, FL 32608

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Charles B. Koval
1329 SW 16th Street, Ste 5256
(P.O. Box or personal mailbox NOT acceptable)
Gainesville, FL 32608

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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 board, or the corporation has been notified in writing of the change.

(Signature of an officer or director) SEE ATTACHED LETTER (Printed or typed name and title)

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 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.

Charles Koval (Signature of Registered Agent) 1/28/04 (Date)

If signing on behalf of an entity: (Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314