N48589

Examiner's Initials

Kevin A. Requestor Mursing Hon Ac 2909 W. Ba City/State/Zip Danga, J	McLean I's Name LawCe, Idress Ly to Bay Blod., Phone# 33629-8100	nter PH Seute Office	Use Only	W 8 MILLS
CORPORATION NAME	E(S) & DOCUMENT NUMB	ER(S), (if known	1):	
1(Corporation	Name) (Docu	30 iment#)	00025642 -06/18/9801 *****35.00	2 8 303 059003 ******35.00
2. (Corporation	Name) (Docu	ment #)		
3. (Corporation	Name) (Docu	rment #)	· · · · · · · · · · · · · · · · · · ·	-
4(Corporation	•	iment #)		
	k up time	Certified Co		
NEW FILINGS	AMENDMENTS :			
Profit	Amendment			
NonProfit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	DI.		
Domestication	Dissolution/Withdrawal			
Other	Merger			
				•
SOTHER FILINGS	REGISTRATION/			
Annual Report	Foreign	R	n Cha.	
Fictitious Name	Limited Partnership	V[]	A Chg.	
Name Reservation	Reinstatement			
	Trademark	,,	JUN 2 5 1998	
	Other			
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CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

98 JUN 18 AM 11: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the pro-	ovisions of section 607.0502(3), 617.0502(3), 607.1508(2), or
617.1508(2), Florida	Statutes, the undersigned registered agent of a corporation
organized under the la	aws of the State ofFlorida
submits the following	statement in order to change the registered office in Florida.
_	
	Dlanida Adamaka Garay
1. The name of the corporation	on: Florida Advocates for Nursing Home
	Improvement, Inc.
2. The street address of the c	urrent registered office: 4830 W. Kennedy Blvd., Ste, 280
	2909 W. Bay to Bay Boulevard
-	Bayshore Center - Penthouse Suite
-	Tampa, Florida 33629-8100 Jampa, 2/ 33609
3. The street address of the n	
	Nursing Home Abuse Law Center
-	2909 W. Bay to Bay Boulevard
-	Bayshore Center - Penthouse Suite
The corporation has been not	Tampa, Florida 33629-8100 ified in writing of this change.
The street address of the regis agent, as changed, will be ide	stered office and the street address of the business office of the registered ntical.
Date: <u>4-15-98</u>	<u> </u>
Ja-	Kevin A. McLean
(Signature of Register	ed Agent) (Printed or Typed Name)
	Filing Fee: \$35.00) (2<\8