

N48589

NOTICE OF NEW MAILING ADDRESS

TO: Florida Department of State
Division of Corporations

FROM: Florida Advocates for Nursing Home Improvement, Inc.
Registration # N48589

Date: June 14, 2001

To whom it may concern:

The new mailing address for the above corporation is:

c/o Michael A. Cox
6023 S. Second Street
Tampa, FL 33611- 4707

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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, the undersigned corporation organized under the laws of the State of Florida 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 corporation: Florida Advocates for Nursing Home
Improvement, Inc.
2. The mailing address of the corporation: c/o Michael A. Knox, 6023 S.
Second Street, Tampa, Florida 33611-4707
3. Date of incorporation/qualification: 04/24/92 Document number: N48589
4. The name and address of the current registered agent and office:

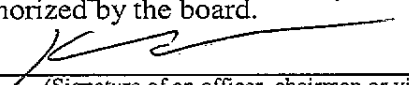
McLean, Kevin
2909 W. Bay to Bay Blvd., Penthouse
Tampa, FL 33629

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Knox, Michael A.
6023 S. Second Street
Tampa, FL 33611-4707

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.


(Signature of an officer, chairman or vice chairman of the board)

6/14/01
(Date)

Kevin A. McLean, Director
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

✓ 
(Signature of Registered Agent)

6-20-01
(Date)

If signing on behalf of an entity:

Michael Knox
(Typed or Printed Name)

(Capacity)

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