FILED Sep 20, 2001 8:00 am Secretary of State

DOCUMENT # N9 3 0 0 0 0 0 4 3 8 1 1. Forty Name HEALTHCARE SARASOTA, INC. Principal Place of Business C/O J. HUGH MIDDLEBRONSS 200 S. ORANGE AVE. 200 S. ORANGE AVE	2001	·UNIFORM BUSI	NESS REPO	RT (UBA	∀ ■	ecretar		
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City & State Country Country S. Certificate of Status Desired \$ \$3.75 Association Fee Regulatored Agent Name Name Name Name Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity auomits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida Signature Signature Signature Signature Signature Oppose your great or great or great and site if applicable. (NOTE Registered Agent syrusys masted with acceptable) 10. OF CITY FEEL State 25 True Fund Country 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Intel Name Signatures 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Intel Name Signatures ONT-SI-2P SARASOTA FL 34236 ONT-SI-2P SARASOTA FL 34239 ONT-SI-2P SARASOTA FL 34239 ONT-SI-2P Change Addition Name Signatures Signatures ONT-SI-2P SIGNATURE ONT-SI-2P SIGNATURE ONT-SI-2P SIGNATURE ONT-SI-2P SIGNATURE Signatures Signatures ONT-SI-2P SIGNATURE ONT-SI-2P SIGNATURE Signatures Signatures ONT-SI-2P SIGNATURE ONT-SI-2P SIGNATURE Signatures ONT-SI-2P SIGNATURE ONT-SI-2P SIGNATURES ONT-SI-2P SIG	2. Principal P	lace of Business	3. Mailing Address					
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E. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent MIDDLEBROOKS, J H 200 S. ORANGE AVE SARASOTA FL 34236 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florids. SIGNATURE SIGNATURE SIGNATURE SIGNATURE Device riped or printed remain of registered agent and the flagslocks. PETER BACKS FEE IR BACKS FEE IR BACKS SIREL ADDRESS OF FLORES AND DIRECTORS IN 10 TILL SUBJECTIONS IN 10 TILL SUBJECTIONS IN 10 DCP OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILL SUBJECTIONS IN 10 TILL SUBJE	City & State	e	City & State		4, FEI Number	4. FEI Number Applied For		
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indicated on tritis report or supplied enter type and accurate and triat my signature shall have the same legal effect as it made under built, that if an art officer of direction of the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if		certify that the information supplied with	this tiling does not quality fo	r the exemption state	d in Section 119.07(3)(i), Florida	Statutes, I further	certify that the in	nformation or director
	of the cor	por an attaching with an addition	vered to execute this report the all other like empowered	as required by Chap	iter 617, Florida Statutes; and th	at my name appear	s in Block 10 or	Block 11 if