

N95000001274



OSPREY
HEALTH CARE, INC.

OSPREY of the Palm Beaches
6266 S. CONGRESS AVE., SUITE L5
LANTANA, FLORIDA 33462

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #) **400004670094--0**
-11/07/01--01011--001
*****35.00 *****35.00
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV - 7 PM 1:07

RD/RA change
Examiner's Initials *ca*

11/13/01

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: OSPREY HEALTH CARE, INC.

2. The mailing address of the corporation: 24 CATHEDRAL PLACE, SUITE 302, ST. AUGUSTINE, FLORIDA 32084

3. Date of incorporation/qualification: 1995, MARCH 16 Document number: N95000001274

4. The name and address of the current registered agent and office:

GREGORY R. STEELE
24 CATHEDRAL PLACE, SUITE 302
ST. AUGUSTINE, FLORIDA 32084

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

B.Y. JAY LEE
6266 SOUTH CONGRESS AVE., # L5
LANTANA, FLORIDA 33462

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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.

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

10/30/01
(Date)

TERRY H. ALLEN, Chairman of the
(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]
(Signature of Registered Agent)
10/24/2001
(Date)

If signing on behalf of an entity:

OSPREY HEALTH CARE, INC. Chief Operating Officer
(Printed or Typed Name) (Capacity)

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