



New York, NY

Albany, NY

Dover, DE

Los Angeles, CA

February 14, 2000

**N 95000003927**

RE: Hospice Integrated Health Services of Florida, Inc.

Secretary of State of Florida  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

500003135735--8  
-02/15/00--01077--019  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Attention: Corporate Filing Clerk

Kindly file the duplicated Statement of Change of Agent Form for the attached referenced corporation, returning a filed stamped copy to us in the self-addressed, stamped envelope provided for your convenience ASAP.

We are enclosing a check for \$35.00 payable to you for this filing.

Please contact the undersigned at (800) 221-0102, if there are any problems or questions before returning the filing.

Thank you for your assistance.

Sincerely,

John Morrissey  
Assistant Vice President

JM:moc  
Enclosures

*ROA Vargel*  
*2-28-00*  
*PRS*

**FILED**  
00 FEB 15 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

**Filing Fee: \$35.00**