000004243 Requester's Name T. L. Trimble, Vice President Legal Services HEALTH SYSTEM 111 North Orlando Avenue WINTER PARK, FL 32789-3675 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in ☐ Pick up time Certified Co ☐ Photocopy Mail out 🗖 Will wait Certificate of **NEW FILINGS AMENDMENTS** ■ Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)

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

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ed corporation organized under the laws of the State of Florida
	llowing statement in order to change its registered office or registered agent, or both, in
=	f the corporation: South Central Nursing Homes of Orlando, Inc.
2. The mailing	g address of the corporation: 602 Courtland Street, Suite 200
	Orlando, FL 32804
3. Date of ince	orporation/qualification: 07/20/1998 Document number: N98000004243
4. The name a	nd address of the current registered agent and office:
	Stewart, J. Darin
	111 N. Orlando Ave.
	Winter Park FL 32789-3675
5. The name ar	nd address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
	Trimble, T. L.
	111 N Orlando Ave
	Winter Park FL 32789-3675
The street addi	ress of its registered office and the street address of the business office of its registered ged, will be identical.
	was authorized by resolution duly adopted by its board of directors or by an officer so the board.
A a	2-19-07 5
(Signature	of an officer, chairman or vice chairman of the board) (Date)
Henry J.	Carubba, President
	Signature of Registered Agent) 2 14 0 (Date)
((Typed or Printed Name) (Capacity)
	*** FILING FEE: \$35.00 * * *

CR2E045(9/00)