P00000023414

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Tandem Health Care of Winter Haven, Inc.

FILED
2001 MAY 21 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 MAY 21 PM 12:13
DIVISION OF CORPORATION

() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (X) Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up

Name 5/21/01 Order#: 4413322
Availability ________
Document
Examiner ________
Updater ________
Verifier ________
W.P. Verifier ________

Ref#: ________

G. COULLIETTE MAY 21 2001

Amount: $ ________

100004273681--8
-05/21/01--01088--024
*****35.00 *****35.00

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

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 is: Tandem Health Care of Winter Haven, Inc.

2. The mailing address of the corporation is: 2040 Winter Springs Blvd. Oviedo, FL. 32765

3. Date of incorporation/qualification: 03/07/2000 Document number: P00000023414

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

Tandem Health Care, Inc.
2040 Winter Springs Blvd.
Oviedo, FL 32765

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

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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 of an officer, chairman or vice chairman of the board) 5/15/01 (Date)

Lawrence R. Deering, Chairman and CEO 5/15/01
(Printed or typed name and title) (Date)

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) 5/18/01 (Date)

If signing on behalf of an entity:

Mary Lou Mulkeen Assistant Secretary
(Typed or Printed Name) (Capacity)

CR2E045(4/95)

FILING FEE: $35.00

FL006 - CT System Online