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CT CORPORATION SYSTEM

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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 $\underline{\text{Flori}}$ submits the following statement in order to change its registered office	or registered agent, or both, in the	•
State of Florida.	3	
1. The name of the corporation is: Tandem Health Care of Sarasota, Inc.	2 (2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	_
		_
2. The mailing address of the corporation is: 2040 Winter Springs Blvd. O	Oviedo, FL. 32765	_
3. Date of incorporation/qualification: 3/07/2000 Docum	nent number: <u>Posocco 23436</u>	_
4. The name and address of the current registered agent and office:		
Tandem Health Care, Inc.	\$ 20	
2040 Winter Springs Blvd.	SECRE TARY 21 Box Not Acceptable)	
Oviedo, FL 32765	Day Not Assemble SE	
5. The name and address of the new registered agent and office: (P. O.)	m _C	
C T Corporation System		0
c/o C T Corporation System, 1200 South Pine Island Road		
Plantation, Florida 33324	02 10A	
The street address of its registered office and the street address of thagent, as changed, will be identical.	ne business office of its registered	
Such change was authorized by resolution duly adopted by its board authorized by the board.	d of directors or by an officer so	
Laure R. De	5/15/01	
(Signature of an officer, chairman or vice chairman of the board)	(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 pr corporation, I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the or registered agent.	rocess for the above stated and agree to act in this capacity. e to the proper and complete bligation of my position as	
(Signature of Registered Agent)	(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	