

Lynnette James Callender

ATTORNEY AT LAW

PO1000050455

February 8, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

200004911892--8
-02/12/02--01058--007
*****35.00 *****35.00

Attn: Thelma Lewis
Corporate Specialist Supervisor

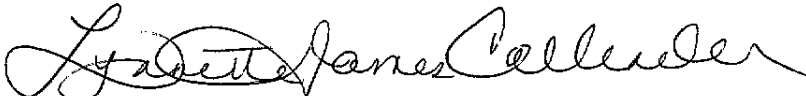
RE: DIGNIFIED CARE, INC.
Ref. Number: PO1000050455

Dear Ms. Lewis:

Enclosed please find the Statement of Registered Agent for Dignified Care, Inc. Also enclosed is check# 1186 in the amount of \$35.00 for the filing fee.

Thank your for returning our document along with the proper forms. If you have any questions or need further information, please call our office.

Respectfully,



Lynnette James Callender
Attorney at Law

LJC/dml

Enclosures

FILED
02 FEB 12 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Lewis 2/13/02
RA change



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 3, 2002

LYNNETTE JAMES CALLENDER, ESQ.
ONE FLORIDA PARK DRIVE SOUTH
SUITE 111
PALM COAST, FL 32137

SUBJECT: DIGNIFIED CARE, INC.
Ref. Number: P01000050455

We have received your document for DIGNIFIED CARE, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Our records show the corporation changed its name from SHIRE HOUSE, INC., to DIGNIFIED CARE, INC., on July 13, 2001. In the Original Articles of Incorporation Article VI is the name and address of the incorporator, this Article cannot be amended or changed.

In the Original Articles of Incorporation Article V is the name and address of the registered agent not Article XI, the Original Articles of Incorporation only have VI Articles.

Attached is the Statement of Change of Registered Agent, please complete and return to this office.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 402A00000281

Lynnette James Callender

ATTORNEY AT LAW

of counsel:
David S. Eldredge

December 28, 2001

Florida Department of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

Attn: Thelma Lewis
Corporate Specialist Supervisor

RE: Articles of Amendment
DIGNIFIED HEALTH CARE
Document Number: PO1000050455

Dear Ms. Lewis:

Enclosed please find Articles of Amendment to the Articles of Incorporation of DIGNIFIED CARE, INC. The Registered Agent and address of the Office for this Corporation have been changed. Enclosed please find the notarized original document.

If you have any questions regarding this matter, please call our office.

Respectfully,



Lynnette James Callender
Attorney at Law

Enclosure

LJC/dml

Enclosed also please find a check in the amount of \$35.00 (#1186) for the filing fee. Thank you.

RECEIVED
01 JAN -2 AM 8:11
DIVISION OF CORPORATIONS

**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 : DIGNIFIED CARE, INC.
2. The mailing address of the corporation : 2 BLACK OAK COURT
PALM COAST, FL. 32137
3. Date of incorporation/qualification: 7/13/01 Document number: PO1000050455
4. The name and address of the current registered agent and registered office:
G. Curtis Ridgard
140 Beechwood Lane
Palm Coast, FL. 32137
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Lillian G. CARABEO
2 Black Oak Court
Palm Coast, FL 32137

FILED
02 FEB 18 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Lillian G. Carabeo
(Signature of an officer, chairman or vice chairman of the board)

2/6/02
(Date)

LILLIAN G. CARABEO
(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.

Lillian G. Carabeo
(Signature of Registered Agent)

2/6/02
(Date)

If signing on behalf of an entity:

LILLIAN G. CARABEO
(Typed or Printed Name)

(Capacity)

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