

MICHAEL A. CROAK, P.A.

Attorney at Law
2785 S. Bay Street, Suite G
Eustis, Florida 32726

Phone (352) 357-9208
Fax (352) 357-9358
Email croakm@aol.com

PO20000022685

July 12, 2002

Corporate Records Bureau
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

FILED STATE
DIVISION OF CORPORATIONS
02 JUL 17 PM 4:00

Re: Statement of Change of Registered Office
and Registered Agent
Absolute Respiratory Care, Inc.

400006473274--2
-07/17/02--01065--012
*****35.00 *****35.00


Dear Sirs/Ladies:

Please find enclosed for filing the original Statement of Change of Registered office and Registered Agent for the above referenced corporation along with my check in the amount of \$35.00 for filing fee.

If all is in order, I would request that the Articles of Incorporation be properly filed and that the Certificate of Incorporation and certified copy of the Articles be forwarded to our office at the above address.

Thank you in advance for your prompt attention to this matter.

Sincerely,



Betty Williams
Secretary to Michael A. Croak

/bw
Enclosure

RA Chg.

V SHEPARD JUL 23 2002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 17 PM 4:00

**STATEMENT OF CHANGE OF
REGISTERED OFFICE AND REGISTERED AGENT**

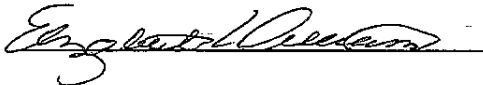

Pursuant to Chapter 607.0502, Florida Statutes, the following is submitted to change the registered office and registered agent for said corporation, to wit;

1. The name of the corporation is:
Absolute Respiratory Care, Inc.
2. The street address of the current registered office for the corporation is:
5708 Climbing Rose Way
Sanford, Florida 32771
3. The current registered office for the corporation is hereby changed to:
12547 Woodlea Road
Tavares, Florida 32778
4. The current registered agent for the corporation is:
Sunil J. Patel
5. The current registered agent for the corporation is hereby changed to:
Dodi Hurley
12547 Woodlea Road
Tavares, Florida 32778
6. The new registered agent by execution of this statement hereby consents and accepts her appointment as registered agent and acknowledges that she is familiar with and accepts the duties and responsibilities as registered agent for said corporation.
7. The street address of the corporation's registered office and the street address of the business office of its registered agent, as changed, will and are identical.

8. The changes set forth in this statement were authorized by a resolution duly and unanimously adopted by the Board of Directors of this corporation.

Dated this July 11, 2002.

WITNESSES:



Dodi Hurley, President and
Registered Agent

STATE OF FLORIDA
COUNTY OF LAKE

Before me the undersigned authority, duly authorized to administer oaths and take acknowledgments in the State of Florida, personally appeared Dodi Hurley, to be known to be the person described as the President of Absolute Respiratory Care, Inc., a Florida Corporation, on behalf of said corporation, who is personally known to me or who has produced her NA as identification.

Witness my hand official seal in the County and State aforesaid this July 11, 2002.



Michael A. Croak
MY COMMISSION # CC827278 EXPIRES
May 3, 2003
BONDED THRU TROY FAIN INSURANCE, INC.


NOTARY PUBLIC