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DAVID C. GILMORE

ATTORNEY AT LAW

7620 MASSACHUSETTS AVENUE, NEW PORT RICHEY, FLORIDA 34653 TELEPHONE (727) 849-2296 TELECOPIER (727) 841-7146

September 19, 2003

Secretary of State, State of Florida Corporation Division P. O. Box 6327 Tallahassee, FL 32314

RE: CURLEW CARE HOME II, INC.

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Corporations advising you of the new registered agent for the above corporation, Donald J. Salerno.

Please update your records accordingly.

A check in the amount of \$35.00 is enclosed to cover the fee for this service. Please contact me immediately if anything further is required.

Thank you for your prompt attention.

Very truly yours,

David Q. Gilmore

DCG:jw

Enclosures

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 $\frac{\text{FLORIDA}}{\text{Florida}}$ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation : CURLEW CARE HOME II, INC.
2. The mailing address of the corporation: 2730 CURLEW ROAD
CLEARWATER, FL. 33761
B. Date of incorporation/qualification: 05/09/2003 Document number: Po30008 J.
. The name and address of the current registered agent and registered office:
Jacqueline VanOutryve
7030 Rockwood Drive
Port Richie, FL 34668-3837
Donald Salerno Donald Salerno Donald Salerno
7030 Rockwood Drive
Port Richie, FL 34668-3837
The street address of its registered office and the street address of the business office of its registered gent, as changed, will be identical.
such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board.
& Donald Salum 9/19/03
(Signature of an officer, chairman or vice chairman of the board) (Date)
Donald Salarko Tresident (Printed or typed name and title)
daving been named as registered agent and to accept service of process for the above stated orporation, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as egistered agent.
Would Salum 7/19103
(Signature of Registered Agent) (Date)
(Typed or Printed Name) (Capacity)

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