

New York, NY

Albany, NY

Dover, DE

Los Angeles, CA

February 14, 2000

RE: Integrated Health Services, Inc.

100003135891---3 -02/15/00--01083--002 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Secretary of State of Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Attention:

Corporate Filing Clerk

Kindly file the duplicated Statement of Change of Agent Form for the attached referenced corporation, returning a filed stamped copy to us in the self-addressed, stamped envelope provided for your convenience ASAP.

We are enclosing a check for \$35.00 payable to you for this filing.

Please contact the undersigned at (800) 221-0102, if there are any problems or questions before returning the filing.

Thank you for your assistance.

Sincerely,

John Morrissey

Assistant Vice President

JM:moc Enclosures FECRETARY OF STATE A

2/23

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

corporation orga	provisions of sections 607.0502, 617.050, 60 anized under the laws of the State of $\underline{DELAWAR}$ ristered office or registered agent, or both, in the	7. 1508, or 617.1508, Florida Statutes, the undersigned  Esubmits the following statement in order  State of Florida.	
1. The name of	of the corporation is: Integrated Health Servi	ices, Inc.	
2. The mailin	g address of the corporation is: 10065 RED	RUN BLVD.; OWINGS MILLS, MD 21117	
3. Date of inc	corporation/qualification: 11/12/87 D	ocument number: P16780	
4. The name a	and address of the current registered agent an	d office:	
	C T Corporation Systems	TASE 8	
	1200 S. Pine Island Road		
,	Plantation, FL 32324	SSE 5	
5. The name a	and address of the new registered agent and c	office: (P.O. Box Not Acceptable)	
	NATIONAL CORPORATE RESE	73/1 (3)	
	1406 Hays Street, Suite #2, Tallaha	assee, FL 32301	
changed, will b	be identical.	dress of the business office of its registered agent, as its board of directors or by an officer so authorized by	
the board.	Vas authorized by resolution duty adopted by	2/64/02	
(Signature of an o	officer, chairman or vice chairman of the board)	(Date)	
Melissa War (Printed or typed	rlow, Vice President name and title)	(Date)	
the appointment	t as registered agent and agree to act in this capad to the proper and complete performance of my du	process for the above stated corporation, I hereby accept city. I further agree to comply with the provisions of all uties, and I am familiar with and accept the obligation of any	_ == -
		2/ga	
	Registered Agent)	(Date)	
_	behalf of an entity:	Assistant Vice President	
Typed or Printe	L. Morrissey ed Name)	Assistant Vice President (Capacity)	
CR2E045(4/95)	•	Filing Fee: \$35.00	

CR2E045(4/95)