

New York, NY

Albany, NY

Dover, DE

Los Angeles, CA

February 14, 2000

1222316

RE:

SuccessCare, Inc.

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

400003135924---5 -02/15/00--01083--017 ******35.00 *****35.00

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 OO FEB 15 PH 3: 17
SECRETARY OF STATE
SECRETARY OF STATE

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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, 617.050, 607. 1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of North Carolina 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 is: SuccessCare, Inc. The mailing address of the corporation is: 10065 	RED RUN	BLVD.: O	WINGS MI	LLS, M	D 21	.117	
3. Date of incorporation/qualification: 12/28/88 Doc	ument numl	per: P2231	6			-	
4. The name and address of the current registered ag	gent and offic	ce:					
C T Corporation Systems							
1200 S. Pine Island Road		<u>. </u>					
Plantation, FL 32324							-
5. The name and address of the new registered agent	and office:	(P.O. Box I	Not Accept	able)			
NATIONAL CORPORATE	RESEARC	<u>H, LTD., IN</u>	iC.				
1406 Hays Street, Suite #2, T	<u>Γallahassee,</u>	FL 32301_		.		,	
The street address of its registered office and the street changed, will be identical.	eet address o	of the busin	ess office	of its re	gistered	d age	nt, as
Such change was authorized by resolution duly adopte	ted by its bo	ard of direct	ors or by a	n office	r so aut	thoriz	ed by
the board.			2/0	(4) (2	- ->\u00be	_	
(Signature of an officer, chairman or vice chairman of the board))	(Da	te)				
Melissa Warlow, Vice President				ı			
(Printed or typed name and title)		(Da	ite)				
Having been named as registered agent and to accept serve the appointment as registered agent and agree to act in this statutes relative to the proper and complete performance of position as registered agent.	s capacity. I t	urther agree	to comply w	ith the pr	<i>'OVISION'</i>	s ot all	7
Q a m		: = 4	2//	·2/2	£2 6	3	
(Signature of Registered Agent)	-	٦.	(Date) F	Sec. :	<u> </u>	
If signing on behalf of an entity:				ASSI	? ≧ ?	EB 15	
John L. Morrissey		Assistant			nio n	=	
(Typed or Printed Name)			`(Capa	icity)	IAU S IVI S	గ్లు	
CR2E045(4/95)			Filing	Fee: \$	5.00	7	