ACCOUNT FILING 235-95

. אככסטווד ווטאום בתי	FCA00000005	
REFERENCE: (Sub Account)	2029257	
DATE:	6-28	SE SE
REQUESTOR INAM:_	Lexis Document Services	CRE JUL T
\$*****		FILED FILED
ADDRESS:		型 星
		PM 3: 08
14		
TELEPHONE: (
CONTACT NAME:		·
corporation make: [Extendicare Health Services, J	Inc.
COUNTRY NUMBER:	file Statement of Change RA Stamped copy back.	
JTHORIZATION:	gratien J. Woodyard	
CERTIFIED COPY CERTIFICATE OF SEPTEMBER CO	TATUS (1-7)	307033
) Call When Ready) Walk In) Mail Out	() Call if Problom () After () Will Halt () Pick	다. 도 ~ : 30

G. COULLIETTE JUN 28 2001

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

Pursuant to t	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, and corporation organized under the laws of the State of Delaware	
	ollowing statement in order to change its registered office or registered agent, or both, in	
~	of the corporation is: Extendicare Health Services, Inc.	<u> </u>
 		. <u>-</u>
2. The mailing	g address of the corporation is: 111 W. Michigan St., Milwaukee, WI 53203	<u> </u>
3. Date of inc	corporation/qualification: Document number:	
4. The name a	and address of the current registered agent and office:	-
	CT Corporation System - LAN -	
	1200 S. Pine Island Rd. Plantation EL 22224	
	Transaction, In 33324	
5. The name a	and address of the new registered agent and office: (P. O. Box Not Acceptable)	
	LEXIS Document Services Inc.	
	3953 W.W. Kelley Road	
	Tallahassee, FL 32311	
The street add agent, as chan	dress of its registered office and the street address of the business office of its registered aged, will be identical.	
KDE	was authorized by resolution duly adopted by its board of directors or by an officer so the poard	
Rock	<u>A Carter, Vice President</u> (Printed or typed name and title)	
Having been n corporation, I I further agree performance o registered age	named as registered agent and to accept service of process for the above stated hereby accept the appointment as registered agent and agree to act in this capacity. It is to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as the complex of the control of my position as the control of th	_
	(Signature of Registered Agent) (Date)	
f signing on beha	alf of an entity: Terry Ferrentino (Typed or Printed Name) Asst. Secy. (Capacity)	
	* * * FILING FEE: \$35.00 * * *	

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314