ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:	FCA00000005	
REFERENCE: (Sub Account)	2029257	TALL SEE
DATE:	6-98	DE LE
requestor 'nate:_	Lexis Document Se	W28 P
		FFS W
ADDRESS:		JUN 28 PM 3: 05 LAHASSEE, FLORID
. _{B.} wa		7
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TELEPHONE: (_) () uxt	• ()
CONTACT HAND:		\
. בסתיסתאדוסון וואאד:	Extendicare Holdi	ngs. Inc
COCUMENT NUMBER: (if applicable)	File Statement & Cho	nge RA beek
UTHORIZATIOH:	Cynalia J. Woodya	ed en
CERTIFIED COPY CERTIFICATE OF PLATH STAMPED C	(1-9) STATUS (1-9) OPY	1000044507019
Halk In	() Call if Problum () Will Walt	() After 4:30 () Plok Up

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

Pursuant to the the undersigned	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ed corporation organized under the laws of the State of Wisconsin
submits the fo the State of Fl	llowing statement in order to change its registered office or registered agent, or both, in orida.
1. The name o	f the corporation is: Extendicare Holdings, Inc.
	
2. The mailing	address of the corporation is: 111 W. Michigan St., Milwaukee, WI 53203
3. Date of inc	orporation/qualification: 4-18-91 Document number: P33656
4. The name as	and address of the current registered agent and office:
	CT Corporation System
	1200 S. Pine Island Rd.
	ridicación, en 53524
5. The name ar	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 addingent, as chang	ress of its registered office and the street address of the business office of its registered ged, will be identical.
Such change x authorized by	as authorized by resolution duly adopted by its board of directors or by an officer so the board. Contact of an officer, chairman or vice chairman of the board)
Roc	h Carter, Vice President (Printed or typed name and title)
I further agree	amed 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. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as Capacity Cap
If signing on beha	Off of an entity: Asst-Secy. Typed of Printed Name) (Capacity)
	* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314