

ACCOUNT NO. : 072100000032

REFERENCE :

328346

12000A

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: August 3, 1999

ORDER TIME : 10:54 AM

ORDER NO. : 328346-010

CUSTOMER NO: 12000A _

700002950427--4

CUSTOMER: Renee Ann Winslow, Legal Asst

Shapiro & Adams, P.a.

Suite 272

2401 Pga Boulevard

Palm Beach Gard, FL 33410

CHANGE OF AGENT

NAME:

SOUTHERN CARE CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

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

Pursuant to the provisions of sections 607.0502, 617.050 the undersigned corporation organized under the laws of the	
submits the following statement in order to change its regi	•
the State of Florida.	of the state of th
1. The name of the corporation is:	•
SOUTHERN CARE CORPORATION	
2. The mailing address of the corporation is: Suite 146,	2401 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410	
3. Date of incorporation/qualification: November 26, 1991	Document number: P36502
4. The name and address of the current registered agent and	office:
ROBERT L. SHAPIRO	
272, 2401 PGA BOULEVARD	TALLUS F
PALM BEACH GARDENS, FL 33410	
5. The name and address of the new registered agent and off	ice: (P. O. Box Not Acceptable) = [
Corporation Service Company	
1201 Hays Street	San T
Tallahassee, FL 32301	DE SI
The street address of its registered office and the street addagent, as changed, will be identical.	dress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
audiorized by the board.	
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Richard B. Tweedle Treasures (Printed or typed name and title)	
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered as I further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	e of process for the above stated gent and agree to act in this capacity. Plative to the proper and complete the obligation of my position as
By: Willorah W. Skipner)	8/3/99
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
DEBORAH D. SKIPPER (Typed or Printed Name)	Assistant Vice President
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

CR2EO45(7/97)