

P93000031410

ROSE, RAND, ORCUTT, CAULEY, BLAKE & ELLIS, P.A.

ATTORNEYS AT LAW

2500-C WEST NASH STREET, WILSON, NORTH CAROLINA 27896
POST OFFICE DRAWER 2367, WILSON, NORTH CAROLINA 27894-2367

TELEPHONE: (252) 291-3848

TELECOPIER: (252) 291-9555

E-MAIL SUSAN K. ELLIS - sellis@cocentral.com

WILLIAM R. RAND

DAVID S. ORCUTT

JAMES P. CAULEY, III*

PAUL N. BLAKE, III

SUSAN K. ELLIS

T. SLADE RAND, JR.

J. YANCEY WASHINGTON

WILLIAM A. LUCAS (1881-1967)

OLIVER G. RAND (1895-1967)

NAOMI E. MORRIS (1921-1986)

Z. HARDY ROSE (1918-1999)

*CERTIFIED MEDIATOR

January 25, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Interim HHA of Jacksonville, Inc.
Document # P93000031410

800004916308--4
-02/13/02--01049--018
*****943.75 *****35.00

Dear Sir or Madam:

Interim HHA of Jacksonville, Inc. was administratively dissolved by your office in September 2001 for failure to file the Annual Report. Enclosed are an original and one copy of the following documents to reinstate the charter of this corporation:

1. **Statement of Change of Registered Office.** Please file this form first to change the Registered Agent and Registered Office.
2. **Corporation Reinstatement.** Once the Statement of Change of Registered Office has been filed, please file this form to reinstate the charter of this corporation.

Also enclosed is a check made payable to the Florida Department of State in the amount of \$943.75 in payment of the filing fee for the Statement of Change of Registered Office of \$35, the filing fee for the reinstatement of \$900, and the fee for a certificate of status of \$8.75.

If you have any questions regarding these filings, please direct them to me

Very truly yours,

ROSE, RAND, ORCUTT, CAULEY, BLAKE & ELLIS, P.A.

Susan K. Ellis

Susan K. Ellis

enclosures

F:\DATA\ELLIS\corporations\Interim Healthcare\Ltr to FL Dept of State re reinstatement of HHA charter (01-02).wpd

FILED
02 FEB 13 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Lewis 2/13/02
RA Change

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Interim HHA of Jacksonville, Inc.
2. The mailing address of the corporation : 2526 Ward Boulevard
Wilson, NC 27893
3. Date of incorporation/qualification: April 28, 1993 Document number: P93000031410
4. The name and address of the current registered agent and office:

June Piper

1439 Rivergate Drive

Jacksonville, FL 32223

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Margaret Johnson

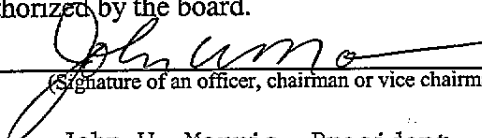
7999 Philips Highway, Suite 304

Jacksonville, FL 32256

FILED
02 FEB 13 PM 12:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

2/7/02
(Date)

John W. Morris, President

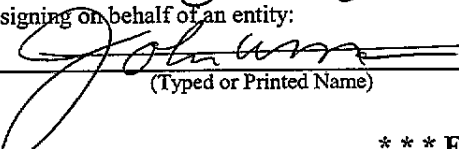
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

1/28/2002
(Date)

If signing on behalf of an entity:


(Typed or Printed Name)

CEO
(Capacity)

*** FILING FEE: \$35.00 ***