



P94000009786

ACCOUNT NO. : 072100000032

REFERENCE : 069236 7132640

AUTHORIZATION : Patricia Piment

COST LIMIT : \$ 35.00

ORDER DATE : December 17, 1998

ORDER TIME : 1:39 PM

ORDER NO. : 069236

CUSTOMER NO: 7132640

000002714820--4

CUSTOMER: Ms. Linda L. Fleming
Buchanan Ingersoll, P.c.
Suntrust Financial Center
401 E. Jackson Street, #2500
Tampa, FL 33602

CHANGE OF AGENT

NAME: ST. AUGUSTINE HEALTH CARE, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 DEC 17 PM 2:20

FILED

DIVISION OF CORPORATION

98 DEC 17 PM 2:04

RECEIVED

JRW 12/18

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Section 607.0501, and 607.0502, 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 is: St. Augustine Health Care, Inc.
2. The mailing address of the corporation is: 1511 N. Westshore blvd., 7th Floor, Tampa, FL 33607.
3. Date of incorporation/qualification is: February 3, 1994, Document number: P94000009786.
4. The name and address of the current registered agent and office:

Cynthia C. Ellis
Schifino & Fleischer, P.A.
One Tampa Center, Suite 2700
Tampa, FL 33602

5. The name address of the new registered agent and office:

Ted Nichols
4300 NW 89th Blvd.
Gainesville, FL 32606

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.

St. Augustine Health Care, Inc.

By: *E. C. Peddie*
Edward C. Peddie, President

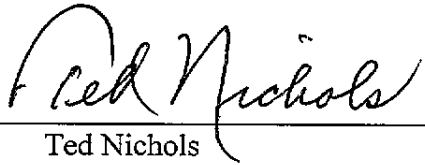
12/2/98
(Date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for St. Augustine Health Care, Inc., 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.

By:


Ted Nichols

12-2-98

(Date)