

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Sep 22 1997 8:00am
Secretary of State**

| | |
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|  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # P95000009397
 1. Corporation Name
Sunset Harbor Home Health, Inc

| | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business 7319 N. MacArthur Blvd. Oklahoma City, Ok 73132 | Mailing Address P.O. Box 20747 Oklahoma City, Ok 73156-0747 |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------|-------------------------------------------------------|
| 2. Principal Place of Business 21 100 S E 2 Street | 2a. Mailing Address 28 100 S. E. 2 Street |
| Suite, Apt. #, etc. 22 36th Floor | Suite, Apt. #, etc. 27 3rd Floor |
| City & State 23 Miami, Fla | City & State 28 MIAMI, Fla |
| Zip 24 33131 | Country 25 U.S.A. |
| | Zip 29 33131 |
| | Country 30 U.S.A. |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 2/19/95 | 3a. Date of Last Report 5/14/97 |
| 4. FEI Number 65-0583910 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**C. T. Corporation
John J. Linnihan
1200 South Pine Island Road
Plantation, Fla 33324**

10. Name and Address of New Registered Agent

| |
|------------------------------------------------------------------------------------|
| 81 Name Susan Tarbe, Esq. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 100 S. E. 2 Street |
| 83 36th Floor |
| 84 City MIAMI |
| 85 Zip Code FL 33131 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Susan Tarbe (Susan tarbe) DATE 08/25/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| |
|-------------------------------------------------------------------------------|
| TITLE D. P. Burcher <input checked="" type="checkbox"/> DELETE |
| NAME John J. Burcher |
| STREET ADDRESS 2911 2nd Mail Creek Road |
| CITY - ST - ZIP Oklahoma City, Ok 73120 |
| TITLE D. VP <input checked="" type="checkbox"/> DELETE |
| NAME Thomas R. Colvin |
| STREET ADDRESS 2706 Randolph Road |
| CITY - ST - ZIP Edmond, OK 73013 |
| TITLE John Scott Burcher <input checked="" type="checkbox"/> DELETE |
| NAME John Scott Burcher |
| STREET ADDRESS 3604 N. E. 143 St. |
| CITY - ST - ZIP Edmond, OK 73034 |
| TITLE <input type="checkbox"/> DELETE |
| NAME |
| STREET ADDRESS |
| CITY - ST - ZIP |
| TITLE <input type="checkbox"/> DELETE |
| NAME |
| STREET ADDRESS |
| CITY - ST - ZIP |
| TITLE <input type="checkbox"/> DELETE |
| NAME |
| STREET ADDRESS |
| CITY - ST - ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|-----------------------------------------------------------------------------------------------------------------------|
| 1.1 TITLE C. Sole Director ! P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME Charles M. Fernandez |
| 1.3 STREET ADDRESS 100 S. E. 2nd Street - 36th Floor |
| 1.4 CITY - ST - ZIP MIAMI, Fla 33131 |
| 2.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME Susan Tarbe, Esq. |
| 2.3 STREET ADDRESS 100 S. E. 2nd Street - 36 Floor |
| 2.4 CITY - ST - ZIP MIAMI FL 33131 |
| 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME Maria T. Sosa |
| 3.3 STREET ADDRESS 100 S. E. 2nd Street - 36th Floor |
| 3.4 CITY - ST - ZIP MIAMI, FL 33131 |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME |
| 4.3 STREET ADDRESS |
| 4.4 CITY - ST - ZIP |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY - ST - ZIP |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME 300002302953 |
| 6.3 STREET ADDRESS -09/25/97--01009--019 |
| 6.4 CITY - ST - ZIP ***61.25 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Tarbe DATE 08/25/97 (305) 350-7540
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)