

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)
2(Corporation Name)	(Document#)
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	Photocopy Certified Copy AMENDMENTS Amendment Resignation of R.A., Officer/Director/NEY OF STATE OF
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other Type Town The property of the prop

Florida Department of State, Sandra B. Mortham, Secretary of State

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 is: Continental Health Care Properties, Inc.
2. The mailing address of the corporation is: 4951 Tamiami Trail North, Suite 3
Naples, FL 34103
 3. Date of incorporation/qualification: 5/4/95 Document number: P95000036199 4. The name and address of the current registered agent and office:
Christian F. Henning, Jr.
4951 Tamiami Trail No. Suite 3
Naples, FL 34103
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
David C. Bourgeau
2375 Tamiami Trail No., Suite 308
Naples, FL 34103
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) (Date)
Christian F. Henning, Jr., Executive Vice 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) (Date)
If signing on behalf of an entity:
DAVID C. BOURGEAU AGENT (Typed or Printed Name) (Capacity)

CR2E045(1/95)

FILING FEE: \$35.00