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Examiner's Initials

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

Organiz	ant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned under the laws of the State of FLORIDA submits the following statement in istered office or registered agent, or both, in the State of Florida.	med c order	orpora to ch	ation ange
1.	The name of the corporation is: HERITAGE/SUMMIT HEALTH CARE OF FLORI	DA,	INC.	
la.	Date of incorporation 06-06-96 Document number P9600050042			
2.	The name and address of the current registered agent and office:			
	WILLIAM B. BULL	_1		
	2310 A-Z PARK ROAD	<u>≥%</u>		
	LAKELAND, FL 33801	<u> </u>	ص =	
		_	au	
3.	The name and address of the new registered agent and office:		1	1330
	(P.O. Box Not Acceptable)	公 22	S	il Estate
	(·····		PH	
	RICKY T. HODGES	<u> </u>		5 ti
	2310 A-Z PARK ROAD	등쏰		
	LAKELAND, FL 33801	∑		
	The street address of its registered agent and the street address of the business office agent as changed, will be identical.	er its	regist	ered
	Such change was authorized by resolution duly adopted by its board of directors or by authorized by the Board.	7 an	office	T SO
	SIGNATURE MANUE	he	<u> </u>	
	Thomas L. Clarke, Jr., Seco	retary		
	DATE 7-2-1999		<u>J</u>	
ACCEPT I FURT: PROPE	G BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESTATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS HER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED AGENT AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIANT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE Ricky T. Hodges DATE DATE	le, i i S cai	HERE!	BY TY.

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

FILING FEE: \$35.00

n50n42 Address Office Use Only Summit col Consulting, Inc. MENT NUMBER(S), (if known): P.O. Drawer 988 Lakeland, FL 33802-0988 1. __ (Document #) (COLPORALL. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy Will wait Mail out **h**otocopy Certificate of Status NEW FILINGS AMENDMENTS 900002951439—6 -08/05/99--01058--015 Profit Amendment *****35.00 *****35.00 NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

CR2E031(1/95)

Other

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

Pursuant to the provisions of section 607.0502 or 607.1508, 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: HERITAGE/SUMMIT HEALTH CARE OF FLORIDA, INC. Date of incorporation 06-06-96 1a. Document number P9600050042 2. The name and address of the current registered agent and office: WILLIAM B. BULL 2310 A-Z PARK ROAD LAKELAND, FL 33801 The name and address of the new registered agent and office: 3. (P.O. Box Not Acceptable) RICKY T. HODGES 2310 A-Z PARK ROAD LAKELAND, FL 33801 The street address of its registered agent 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 HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 DATE

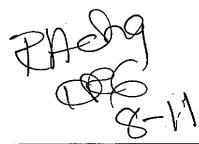
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FILING FEE: \$35.00

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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
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Examiner's Initials	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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Date of incorporation 06-06-96	Document number	P96000500	42		
The name and address of the current regi	stered agent and office:				
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2310 A-Z PARK ROAD				6	
LAKELAND, FL 33801			Þæ	==	a seg
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Such change was authorized by resolution authorized by the Board.	1	pard of director	rs or by an	offic	erso
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	tered office or registered agent, or both, is The name of the corporation is: HERIT Date of incorporation 06-06-96 The name and address of the current registered agent authorized by the Board. G BEEN NAMED AS REGISTERED AGESTATED CORPORATION AT THE PITTHE APPOINTMENT AS REGISTER THER AGREE TO COMPLY WITH THE REY AND COMPLETE PERFORMANCE.	dunder the laws of the State of	In the name and address of the new registered agent and office: WILLIAM B. BULL 2310 A-Z PARK ROAD LAKELAND, FL 33801 The name and address of the new registered agent and office: (P.O. Box Not Acceptable) RICKY T. HODGES 2310 A-Z PARK ROAD LAKELAND, FL 33801 The street address of its registered agent and the street address of the business agent as changed, will be identical. Such change was authorized by resolution duly adopted by its board of director authorized by the Board. SIGNATURE G BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ESTATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT THE AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES FR AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FARMAND THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE Ricky T. Hodges	submits the following statement in order tered office or registered agent, or both, in the State of Florida. The name of the corporation is: HERITAGE/SUMMIT HEALTH CARE OF FLORIDA, Date of incorporation 06-06-96 Document number P9600050042 The name and address of the current registered agent and office: WILLIAM B. BULL P310 A-Z PARK ROAD LAKELAND, FL 33801 The name and address of the new registered agent and office: (P.O. Box Not Acceptable) RICKY T. HODGES 2310 A-Z PARK ROAD LAKELAND, FL 33801 The street address of its registered agent and the street address of the business office of its agent as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the Board. SIGNATURE THE APPOINTMENT AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, IT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CRAND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITTHE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE RICKY T. Hodges	tered office or registered agent, or both, in the State of Florida. The name of the corporation is: HERITAGE/SUMMIT HEALTH CARE OF FLORIDA, INC. Date of incorporation 06-06-96 Document number P9600050042 The name and address of the current registered agent and office: WILLIAM B. BULL 2310 A-Z PARK ROAD LAKELAND, FL 33801 The name and address of the new registered agent and office: (P.O. Box Not Acceptable) RICKY T. HODGES 2310 A-Z PARK ROAD LAKELAND, FL 33801 The street address of its registered agent 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 office authorized by the Board. SIGNATURE AGENT AND TO ACCEPT SERVICE OF PROCESS FOR STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HERITATHE AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE ADDRESS AND I AM FAMILIAR WITH A POTT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE ARICHMENT AND AGREE TO ACT IN THIS CAPACITY THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE AND I AM FAMILIAR WITH A POTT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE AND I AM FAMILIAR WITH A POTT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

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

FILING FEE: \$35.00