

3300 NATIONAL CITY TOWER 101 SOUTH FIFTH STREET LOUISVILLE, KENTUCKY 40202-3197 TELEPHONE 502/589-4200 FAX 502/ 587-1695

1400 VINE CENTER TOWER POST OFFICE BOX 1808 LEXINGTON, KENTUCKY 40593-1637 TELEPHONE 606 / 231-8500 FAX 606/255-2742

50 E. RIVERCENTER BLVD., SUITE 1800 POST OFFICE BOX 2673 COVINGTON, KENTUCKY 41012-2673 TELEPHONE 606/653-4260 FAX 606/653-4219

832 MAIN STREET POST OFFICE BOX 1876 CINCINNATI, OHIO 45201-1876 TELEPHONE 513 / 421-8089 FAX 513 / 421-8089

ANN-MARIE HALLETT

Direct Line 502-587-3522 Direct Fax 502-540-2123 E-mail amh@gdm.com

July 1, 1997

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

900002231869---07/07/97--01157--005 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: American ElderServe of Florida, Inc.

Dear Sir or Madam:

Enclosed for filing are the original and two copies of the Statement of Change of Registered Office or Registered Agent., along with a check in the amount of \$35.00 in payment of the filing fee.

Please return one original, stamped as filed, to me in the enclosed, self-addressed envelope.

If you have any questions or need additional information, please call me.

Sincerely, Ran Marie Hallett

Ann-Marie Hallett Corporate Paralegal

/amh **Enclosures** 

Mary Beth Siggelkow cc:

MARAN

## 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. 1a. The name of the corporation is: American ElderServe of Florida, Inc. 1b. The mailing address of the corporation is: 1770 Indian Trail Road, Suite 400 Norcross, GA 30093 1c. Date of incorporation: 10-29-96 P96000089826 \_\_ Document number: \_\_ The name and address of the current registered agent and office: F. Linton Sloan, Esq. c/o Lawyers Title Insurance Corporation 100 Tampa Street, Tampa, FL 33602-2050 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324 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 W. Patrick Mulloy, II, Chief Executive Officer & 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 actin 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.
CT Corporation System lou a / (Signature of Registered Agent) If signing on behalf of an entity:
Monica Mahon

(Capacity)

Assistant Secretary
(Typed or Printed Name)