

997000036976

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Atlantic Shores HealthCare  
Inc.

000002858530--5  
-04/30/99--01088--019  
\*\*\*1793.75 \*\*\*\*\*43.75

RECEIVED

99 APR 30 PM 12:04

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Signature \_\_\_\_\_

Requested by: (1)

Name \_\_\_\_\_

Date 4-30-99

Time 11:00

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

FILED  
99 APR 30 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_ Art of Inc. File  
\_\_\_\_ LTD Partnership File  
\_\_\_\_ Foreign Corp. File  
\_\_\_\_ L.C. File  
\_\_\_\_ Fictitious Name File  
\_\_\_\_ Trade/Service Mark  
\_\_\_\_ Merger File  
\_\_\_\_ Art. of Amend. File  
✓ \_\_\_\_ RA Resignation  
\_\_\_\_ Dissolution / Withdrawal  
\_\_\_\_ Annual Report / Reinstatement  
✓ \_\_\_\_ Cert. Copy  
\_\_\_\_ Photo Copy  
\_\_\_\_ Certificate of Good Standing  
\_\_\_\_ Certificate of Status  
\_\_\_\_ Certificate of Fictitious Name  
\_\_\_\_ Corp Record Search  
\_\_\_\_ Officer Search  
\_\_\_\_ Fictitious Search  
\_\_\_\_ Fictitious Owner Search  
\_\_\_\_ Vehicle Search  
\_\_\_\_ Driving Record  
\_\_\_\_ UCC 1 or 3 File  
\_\_\_\_ UCC 11 Search  
\_\_\_\_ UCC 11 Retrieval  
\_\_\_\_ Courier

**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: ATLANTIC SHORES HEALTHCARE, INC.

1b. The mailing address of the corporation is :  
4200 Wackenhut Drive, #100, Palm Beach Gardens, Florida 33410-4243

1c. Date of incorporation: 4/24/97 Document number: P97 0000 36976

2. The name and address of the current registered agent and office:

James P. Rowan

4200 Wackenhut Drive, #100

Palm Beach Gardens, Florida 33410-4243

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Timothy J. Howard

4200 Wackenhut Drive, #100

Palm Beach Gardens, Florida 33410-4243

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)

F.E. Finizia, Corporate Counsel & Assistant Secretary

(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:

TIMOTHY J. HOWARD

(Typed or Printed Name)

(Capacity)

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