

P97000084061

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Tandem Health Care of Fort Myers, Inc.

2001 MAY 21 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |   |  |

01 MAY 21 PM 12:12  
RECEIVED  
DIVISION OF CORPORATION

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

5/21/01

Order#: 4413322

COULLETTE MAY 21 2001

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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-05/21/01--01116--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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: Tandem Health Care of Fort Myers, Inc.

2. The mailing address of the corporation is: 2040 Winter Springs Blvd. Oviedo, FL 32765

3. Date of incorporation/qualification: 9/29/1997 Document number: 197050084061

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

Tandem Health Care, Inc.

2040 Winter Springs Blvd.

Oviedo, FL 32765

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 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.

Lawrence R. Deering  
(Signature of an officer, chairman or vice chairman of the board)

5/15/01

(Date)

Lawrence R. Deering, Chairman and CEO

(Printed or typed name and title)

5/15/01

(Date)

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.

Mary Lou Mulkeen  
(Signature of Registered Agent)

5/18/01  
(Date)

If signing on behalf of an entity:

Mary Lou Mulkeen  
Assistant Secretary

(Typed or Printed Name)

(Capacity)