## 497000084068 CT CORPORATION SYSTEM

CORPORATION(S) NAME			FILE 2001 MAY 2 TALLAHAS	
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Name	5/21/01	Order#: 4413322		
Availability	3.2101	01401//. 1713322		
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Examiner		Ref#:		
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Verifier	G. COULLIETTE MAY 2 1 2001			
W.P. Verifier	and the second second	Amount: \$	_	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 **800004273648--**0 -05/21/01--01088--015 \*\*\*\*\*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, 617.050 undersigned corporation organized under the laws of the	
submits the following statement in order to change its reg State of Florida.	
1. The name of the corporation is: Tandem Health Care of N	ew Port Richey, Inc.
2. The mailing address of the corporation is: 2040 Winter S	prings Blvd. Oviedo, FL. 32765
3. Date of incorporation/qualification: 9/29/1997	Document number: 19700084068
4. The name and address of the current registered agent ar	d office:
Tandem Health Care, Inc.	
2040 Winter Springs Blvd.	2001 SEC ALL
Oviedo, FL 32765	ffice: (P. O. Box Not Acceptable)
5. The name and address of the new registered agent and o	ffice: (P. O. Box Not Acceptable)
C T Corporation System	
c/o C T Corporation System, 1200 South Pine l	r-'ω - <del>-</del>
Plantation, Florida 33324	RIDA
The street address of its registered office and the street a agent, as changed, will be identical.	ddress of the business office of its registered
Such change was authorized by resolution duly adopted authorized by the board.	
Laure K. A.	5/15/01
(Signature of an officer, chairman or vice chairman of the	
Lawrence R. Deering, Chairman and CEO	5/15/01
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept so corporation, I hereby accept the appointment as registed further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a registered agent.	ervice of process for the above stated red agent and agree to act in this capacity. tes relative to the proper and complete ccept the obligation of my position as
Many Somme	5/18/01
(Signature of Registered Agen Mary Lou Mu	lkeen (Daté)
If signing on behalf of an entity:  Assistant Sec	
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00