P9800002996

Bronstein Corlson Gleing + Smith, P.A.

Requestor's Name

150 Second Avenue Worth, Sa, te 1100

Address

St. Nefershury, Flu, 33701

City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in Will wait Photocopy Mail out Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability **Domestication** Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS **QUALIFICATION** Annual Report Foreign Fictitious Name Ebb - 6. lugg Limited Partnership Name Reservation Reinstatement Trademark Other

## CHANGE OF REGISTERED OFFICE AND AGENT OF

## FREEDOM HEALTHCARE SYSTEMS, INC.

TO: SECRETARY OF STATE OF FLORIDA

- 1. The name of the Corporation is Freedom Healthcare Systems, Inc.
- 2. The current registered office is located at 150 Second Avenue North, Suite 1100, St. Petersburg, Florida 33701.
- 3. The registered office will be changed to 1751 First Avenue North, Suite 600, St. Petersburg, Florida 33713.

THIS IS THE CORRECT BUSINESS ADDRESS OF THE CORPORATION, PLEASE CHANGE YOUR RECORDS ACCORDINGLY.

- 4. The current registered agent is Jeffrey J. Kallan.
- 5. The successor registered agent will be David F. Jackson.
- 6. The street address of the Corporation's registered office and the business office of its registered agent, as changed above, will be identical.
- 7. All changes made above have been authorized by resolutions duly adopted by the Corporation's Board of Directors.
- 8. All changes made above have been made by an officer of the Corporation authorized to do so by the Board of Directors.

DATED: March 3 (, 1998.

Freedom Healthcare Systems, Inc.

David F. Jackson, President

## ACKNOWLEDGMENT

I hereby accept to act in this capacity, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of 607.0505, Florida Statutes.

David F. Jackson Registered Agent

127048v3