## P98000034824

**CT** CORPORATION SYSTEM

CORPORATION(S) NAME		PILED FILED TALLAHASSE		
Omega Health Systems of Kiss	simmee, Inc.	FILED JG 4 PM 12: 35 AHA, SSEE, FLORIDA		
		300004534163 -08/14/0101035013 *****35.00 ******35.	-O	
() Profit () Nonprofit	() Amendment	() Merger		
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark		
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other ★Change of RA () UCC		
() Certified Copy	() Photocopies	() CUS		
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up		
Name Availability Document	8/14/01	Order#: 4726966		
Examiner Updater Verifier		Ref#:  Amount: \$  Amount: \$  Amount: \$		
W.P. Verifier		Amount: \$ CONTRACT OF THE STATE		

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 08-14-01 CC



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of submits the following statement in order to change the registered office in Florida.

1. The name of the corporation:	Omega Health Sys	tems of Kissimme	e, inc.	
2. The street address of the cur	rent registered office:			
·	CT Corporation	System		
	660 East Jeffer	son Street	200J , SECF ALLA	
	Tallahassee, FL	32301	2001 AUG 14 SECRE LARY ALLAHASSE	
3. The street address of the new	v registered office:		PH OF S E. FL	
•	CT Corporation	System	12: 3 TATE ORID,	
_	1200 South Pine	Island Road	<b></b>	
_	Plantation, FL	33324		
The corporation has been notific	ed in writing of this change.			
The street address of the registe as changed, will be identical.	red office and the street add	lress of the business of	office of the registered agent,	
Date: August 14	2001	· · · · · · · · · · · · · · · · · · ·		
Comin Burgo		CONNE BRYAN SPECIAL ASSISTANT SECRETARY		
(Signature of Registered Agent)		(Printed or Typed Name)		

FEE: \$35.00