

P98000096952

Greenberg

Requestor's Name

Address

Michelle 405-8526

City/State/Zip

Phone #

Office Use Only

FILED  
98 NOV 24 PM 2:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Brevard Post Acute Care Network, Inc. 98-96952  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☐ Pick up time  
☐ Will wait

call  
☐ Photocopy

☒ Certified Copy  
☐ Certificate of Status

Chg of Registered Agent

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

+ date stamped  
cc of address  
change letter

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Address  
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RECEIVED  
98 NOV 24 PM 2:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CR2E031095

Examiner's Initials

November 24, 1998

Department of State  
Division of Corporations  
Gaines Street  
Tallahassee, Florida 32399

RE: Brevard Post Acute Care Network, Inc. Document No. 98000096952

Sirs:

Please change the business address of the above-mentioned corporation to:

Brevard Post Acute Care Network, Inc.  
125 Eugene O'Neill Drive  
New London, Connecticut 06320

If you have any questions, or need additional assistance, please let me know.

Sincerely,



Robert R. McDonald  
Director

**FILED**  
98 NOV 24 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 \_\_\_\_\_ 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: Brevard Post Acute Care Network, Inc.

1b. The mailing address of the corporation is : 125 Eugene O'Neill Drive  
New London, CT 06320

1c. Date of incorporation: November 18, 1998 Document number: P98000096952

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

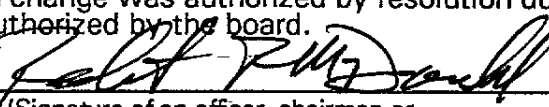
Robert R. McDonald  
101 East College Avenue  
Tallahassee, Florida 32301

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

CT 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.

  
(Signature of an officer, chairman or  
vice chairman of the board)

November 24, 1998

(Date)

Robert R. McDonald, Director

(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)

11/24/98  
(Date)

If signing on behalf of an entity:

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
(Typed or Printed Name)

(Capacity)

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