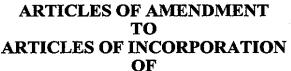
Requestor's Name MERUEN Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Certificate of State Photocopy Mail out Will wait NEW FILINGS AMENDMENTS = Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent *****35.00 *****35.00 Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Finited Partnersh #018074.33 SSAHAJJAT Name Reservation 99 APR -8 PM 3: 27 Trademark Other Examiner's Initials

CR2E031(1/95)

Examiner's Initials

LL R 99



Muly Haven Health Care Services Inc

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Anend autical Al Regulared agreed

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Lucsa Stall UP, Adm

1305 Bacyslell

New D P Richer, El 341052

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD:	The date of each amendment's adoption: 4-5-99.	
FOURT	I: Adoption of Amendment(s) (CHECK ONE)	
Œ	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
C	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
	"The number of votes cast for the amendment(s) was/were sufficient for approval by	
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
	Signed this 8th day of Quil, 1999.	
Signature	(By the Chairman of Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)	
	OR (By a director if adopted by the directors)	
OR		
(By an incorporator if adopted by the incorporators)		
	Tevesa Sterle Typed or printed name	
	(PN) Adm	

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 $- LORIDA$	
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: Gulf HAVEN HEALTH CARE SERVICE	<u>CE</u> S IN
	lik ar s
2. The mailing address of the corporation is: 6305 BAYSIDE DRIVE	·
NEW PORTRICHEY, FL 34652	····
3. Date of incorporation/qualification: 04 02 99 Document number: P990003	0565
4. The name and address of the current registered agent and office:	v=
Richard D. Anderson	
1446 Lakeview Dr	
Tarpon Springs, Fl. 34689 3 7	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
BRIAN HOLD	
6305 BAYSIDE DRIVE	
NEW POOT RICHELL EL 2016	· · · · · ·
NEW FORT MICHET FL 34650	
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.	
Buan K-Hold 04/07/99	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
BRIANKEITH HOLD (OWNER)	
(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.	. =
Brings Veitland	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	

* * * FILING FEE: \$35.00 * * *