## P99000066628

## **CT** CORPORATION SYSTEM

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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## 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, 617.0502, 607.15 undersigned corporation organized under the laws of the State of 1	
submits the following statement in order to change its registered off State of Florida.	
1. The name of the corporation is: Tandem Health Care 1 of In	ndian River, Inc.
2. The mailing address of the corporation is: 2040 Winter Springs Blvd.	. Oviedo, FL. 32765
3. Date of incorporation/qualification: 07/27/1999 Doc	ument number: <u>P9900066628</u>
4. The name and address of the current registered agent and office:	
Tandem Health Care, Inc.	
2040 Winter Springs Blvd.	
Oviedo, FL 32765	Sec 200
5. The name and address of the new registered agent and office: (P. C	D. Box Not Acceptable)
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	OF P
Plantation, Florida 33324	FLORILL FLORI
The street address of its registered office and the street address of agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its boa authorized by the board.	rd of directors or by an officer so
- telement of	5/15/01
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Lawrence R. Beering, Chairman and CEO	5/L5/01
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of p corporation, I hereby accept the appointment as registered agent I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the registered agent.  (Signature of Registered Agent)	process for the above stated and agree to act in this capacity. The to the proper and complete obligation of my position as    S   18   0   (Date)
If signing on behalf of an entity: Mary Lou Mulkeen	
Assistant Secretary	
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00