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CT CORPORATION SYSTEM

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W.P. Verifier		Amount: \$	7,001	
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 200004273732--8 -05/21/01--01116--007 ******35.00 ******35.00

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, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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: Tandem Health Care of Florida, Inc.				
2. The mailin	g address of the corporation is: 2040 Winter Springs Bly	d. Oviedo, FL. 32765		
3. Date of in	acorporation/qualification: 10/27/1999 Do	ocument number: <u>P99 6005 94672</u>		
4. The name	and address of the current registered agent and office:			
	Tandem Health Care, Inc.	TAL SE		
	2040 Winter Springs Blvd.	CRE LAH		
5. The name	Oviedo, FL 32765 and address of the new registered agent and office: (P	O. Box Not Acceptable)		
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pine Island Ro	ad Siz		
	Plantation, Florida 33324	ITE DA		
The street a agent, as ch	ddress of its registered office and the street address	of the business office of its registered		
Such chang	e was authorized by resolution duly adopted by its by the board.	poard of directors or by an officer so		
	Olympia & Del	5/15/01		
٠ - ١	nature of an officer, chairman or vice chairman of the board)	(Date)		
Lawrence	R. Deering, Chairman and CEO	5/15/01		
corporation	(Printed or typed name and title) In named as registered agent and to accept service on I hereby accept the appointment as registered agent to comply with the provisions of all statutes related for my duties, and I am familiar with and accept to agent.	ative to the proper and complete		
(_)	(Signature of Registered Agent)	(Date)		
If signing on	behalf of an entity: Mary Lou Mulkeen			
	Assistant Secretary	(Capacity)		
	(Typed or Printed Name)	(Capacity) FILING FEE: \$35.00		
CR2E045(4/95)				