

Division of Corporations

513254

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE
GAINESVILLE HEALTH CARE CENTER, INC.

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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: GAINESVILLE HEALTH CARE CENTER, INC.

2. The mailing address of the corporation is: 10065 RED RUN BLVD., OWINGS MILLS, MD 21117

910 RIDGEBROOK RD SPARKS MD 21152

3. Date of incorporation/qualification: 11/16/1990 Document number: S13254

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

NATIONAL CORPORATE RESEARCH, LTD., INC.

1406 Hays Street, Suite #2, Tallahassee, Florida 32301

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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.

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

4-10-2000
(Date)

Melissa Warlow, Vice President

(Printed or typed name and title)

(Date)

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]
(Signature of Registered Agent)

[Signature]
(Date)

If signing on behalf of an entity:

John L. Morrissey

(Typed or Printed Name)

Asst. Vice President

(Capacity)