

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, FL 32302  
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

585134

*Suncoast Vital Care, Inc.*

200002274312--2  
-08/22/97--01003--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RECEIVED  
97 AUG 22 AM 8:50  
DIVISION OF CORPORATION

- FILED  
97 AUG 22 PM 12:29  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE
- Art of Inc. File \_\_\_\_\_
  - LTD Partnership File \_\_\_\_\_
  - Foreign Corp. File \_\_\_\_\_
  - L.C. File \_\_\_\_\_
  - Fictitious Name File \_\_\_\_\_
  - Name Reservation \_\_\_\_\_
  - Merger File \_\_\_\_\_
  - Art. of Amend. File \_\_\_\_\_
  - ✓ RA ~~Reduction~~ *Change* \_\_\_\_\_
  - Dissolution / Withdrawal \_\_\_\_\_
  - Annual Report / Reinstatement \_\_\_\_\_
  - Cert. Copy \_\_\_\_\_
  - Photo Copy \_\_\_\_\_
  - Certificate of Good Standing \_\_\_\_\_
  - Certificate of Status \_\_\_\_\_
  - Certificate of Fictitious Name \_\_\_\_\_
  - Corp Record Search \_\_\_\_\_
  - Officer Search \_\_\_\_\_
  - Fictitious Search \_\_\_\_\_
  - Fictitious Owner Search \_\_\_\_\_
  - Vehicle Search \_\_\_\_\_
  - Driving Record \_\_\_\_\_
  - UCC 1 or 3 File \_\_\_\_\_
  - UCC 11 Search \_\_\_\_\_
  - UCC 11 Retrieval \_\_\_\_\_
  - Courier \_\_\_\_\_

*PAID  
8/22*

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

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.

1a. The name of the corporation is: SUNCOAST Vital Care, Inc

1b. The mailing address of the corporation is: P.O BOX 635  
BROOKSVILLE, Fla 34605-0635

1c. Date of incorporation: 10/04/1991 Document number: 585434

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

Capitol Connection  
417 E Virginia St., Suite One  
Tallahassee, Fla 32305

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

RALPH M Vitola  
277 W JEFFERSON ST  
BROOKSVILLE, Fla 34601

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

8/15/97  
(Date)

Ralph M. Vitola  
(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]  
(Signature of Registered Agent)

8/18/97  
(Date)

If signing on behalf of an entity:

SUNCOAST Vital CARE, Inc.  
(Typed or Printed Name)

(Capacity)

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