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Address Tallahassee, FL 32301	<u> </u>		-03/16/98 ****385	01003002 .00 *****35.	. ōċ
City State Zip F	hone	5			
CORPORATION(S	) NAME				
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HCP III Bradenton	INC		TALUAH)	98 SE	<b>.</b>
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() Limited Liability Company () Foreign		on/Withdrawal	() Mark		
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() Call When Ready () Walk In () Mail Out	( ) Call if Pr ( ) Will Wait		( ) After 4: ⊛ Pick Up		
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Updater Verifier Acknowledgment					
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CR2E031 (1-89)					

## 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 <u>Florida</u> 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: HCP III BRADENTON, INC.

2. The mailing address of the corporation is: 10065 Red Run Bo	
Owings Mills, MD	
3. Date of incorporation/qualification:	nt number: 1000 V2.6691
4. The name and address of the current registered agent and office:	-
Galen Goetz	10 8 1
689 Deltona Boulevard	LL ARE SER
Deltona, FL 32725	THE T
5. The name and address of the new registered agent and office: (P. O. Bo	Dx Not Acceptable)
CT Corporation System	FOF A F
1200 South Pine Island Road	DATE 27
Plantation, FL 33324	<i>Y</i>
The street address of its registered office and the street address of the agent, as changed, will be identical.	business office of its registered
Such change was authorized by resolution duly adopted by its board of	of directors or by an officer so
authorized by the board. $P_{1}(-2)$	9/14/98
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of proc corporation, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obli registered agent.	ess for the above stated agree to act in this capacity. the proper and complete gation of my position as
(Signature of Registered Agent)	9/15/98 (Date)
If signing on behalf of an entity: CONNE BRYAN PECIAL ASSISTANT OF ASSISTANT	

(Typed or Printed Name)

FILING FEE: \$35.00

(Capacity)

CR2E045(4/95)