

CT CORPORATION SYSTEM

CURPORATION(S) NAME			
Omega Health Systems of Ta	ampa Bay, Inc.		
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() Nonprofit	() Amendment	() Merger	
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() Limited Partnership	() Annual Report	() Other	
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Name	4/17/01	Order#: 3880901	- C.
Availability		5500501	
Document	•		
Examiner		Ref#:	
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Verifier		G. COULLIETTE APR 172	1005
W.P. Verifier		Amount: \$	2001

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 200004013152--4 -04/17/01--01048--025 ******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, 617.0.				
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: Omega Health Systems of Tampa Bay, Inc.				
3. Date of incorporation/qualification: 09/14/1992	Document number: V64441			
4. The name and address of the current registered agent a	and office:			
Paccione-Whittle, Patrice	AR AP			
1840 N. Highland Ave.	17. A. S.			
Clearwater, FL 34615	High a			
5. The name and address of the new registered agent and	office: (P. O. Box Not Acceptable)			
C T Corporation System	: 25			
c/o C T Corporation System, 1200 South Pin	e Island Road			
Plantation, Florida 33324				
The street address of its registered office and the stree agent, as changed, will be identical.	t address of the business office of its registered			
Such change was authorized by resolution duly adopte authorized by the board.	ed by its board of directors or by an officer so			
Some And	04/12/11/			
(Signature of an officer, Chairman or vice chairman of	the board) (Date)			
VP 10FO (Baselonny Roma Roller	odulni			
(Printed or typed name and title)	<u> </u>			
Having been named as registered agent and to accept corporation, I hereby accept the appointment as regis I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and registered agent.	service of process for the above stated tered agent and agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as			
(Signature of Registered Agent)	<u> </u>			
If signing on behalf of an entity:				
John J. Linnihan	Asst. Vice President			
(Typed or Printed Name)	(Capacity)			
CR2E045(4/95)	FILING FEE: \$35.00			