

**CORPORATE
ACCESS,
INC.**

N96000004160

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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RA Change

1.) Age Institute of Florida, Inc.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: AGE Institute of Florida, Inc.

2. The mailing address of the corporation is: c/o AGE Institute, Professional Arts Building
25 Penncraft Avenue, Chambersburg, Pennsylvania 17201

3. Date of incorporation/qualification: August 8, 1996 Document number: N96000004160

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

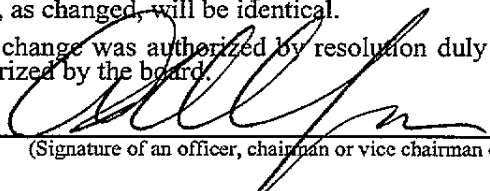
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Jonathan A. Neagle c/o Partners Health Group, LLC
14255 49th Street North, Building 3, Suite 301
Clearwater, FL 33762

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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.


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

November 7, 2000
(Date)

Carol A. Tschop, President
(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.

By: 
(Signature of Registered Agent)

November 7, 2000
(Date)

If signing on behalf of an entity:

Jonathan A. Neagle
(Typed or Printed Name)


(Capacity)

*** FILING FEE: \$35.00 ***