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**P22747**

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075350000353

ACCT#:

CONTACT: JOSE MOJICA

PHONE: (212)431-5000

FAX #:

(212)431-1441

NAME: OLSTEN CERTIFIED HEALTHCARE CORP.

AUDIT NUMBER.....H98000021474

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FROM: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
075350000353

ACCT#:

CONTACT: JOSE MOJICA

PHONE: (212) 431-5000

FAX #:

(212) 431-1441

NAME: OLSTEN CERTIFIED HEALTHCARE CORP.

AUDIT NUMBER.....H98000021474

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 18, 1998

OLSTEN CERTIFIED HEALTHCARE CORP.  
175 BROAD HOLLOW RD.  
MELVILLE, NY 11747

SUBJECT: OLSTEN CERTIFIED HEALTHCARE CORP.  
REF: P22747

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell  
Corporate Specialist

FAX And. #: 898000021474  
Letter Number: 298A00055376

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 DELAWARE 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: OLSTEN CERTIFIED HEALTHCARE CORP

2. The mailing address of the corporation is: 175 BROAD HOLLOW RD., MELVILLE, NY 11747

3. Date of incorporation/qualification: 1/26/89 Document number: P22747

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)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32802

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TALLAHASSEE, FLORIDA

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] 8/1/98  
(Signature of an officer, chairman or vice chairman of the board) (Date)

JOSE MOJICA, ASST. SECY. 8/1/98  
(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] 8/1/98  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

MARC MOEL, ASST. SECY \_\_\_\_\_  
(Typed or Printed Name) (Capacity)