2005 FOR PROFIT CORPORATION REASSTATEMENT

	MENT # P03000066	3504			FILED		
1. Entity Name IDEAL CARE NETWORK INC.					05 BEC 13 FH 2: 34		
			V				
Principal Place of Business 7944 S.W. 8TH ST. MAMI, FL 33144		Mailing Address 7944 S.W. 8TH ST. MANG, FL 33144			SECRETARY OF STATE PALLAHASSEE, FLORIDA:		
2. Principal P	lace of Business	3. Mailing Address	······				
Suite, Apt. #, etc.		Suize, Apt. #, etc.		- RE1105 HE	TEMENT!	8.(6/04)	35
City & State		City & State		4. FEI Number 59-3777703			
Zip	Country	Zip	Country	5. Certificate of Statu		3.75 Additions e Required	al
	6. Name and Address of Current	Registered Agent	Name	7. Name and Addres	s of New Registered Age	ent	
7944 S.W.				tress (P.O. Box Number is No	Acceptable)		
MIAMI, FL	33144						
		<i></i>	City	-	FL	Zip Code	
	named entity submits this statement fi tions of repistered apent.	or the purpose of changing its	registered office or r	egistered agent, or both, in the	e State of Florida. I am fan	bns, atiw reitin	accept
SIGNATURE.	Some a stood of the same of some state of	PROTEST AND COOKS. PROTEST	E: Registered Agust signate	re required when rehetalings	DATE		_
	LE NOW!!! FEE IS \$150.00 mary 1, 2006, Fee will be \$300.			tn ac	cordance with s. 607.19	93(2)(b), F.S. he prior notic	., the
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TO.	PD OFFICERS AND	DIRECTORS Delete	11. TILE	ADDITIONS/CHANG	ES TO OFFICERS AND D		11 Addition
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