

P97000001418

Requester's Name

RELIABLE HEALTH CARE SERVICES

5705 South Sepulveda Blvd  
Culver City CA 90230

RECEIVED  
DEC 18

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 700003481667--1  
-11/30/00--01079--018  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) ~~700003481667--1~~  
~~\*\*\*\*\*35.00 \*\*\*\*\*35.00~~
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Direct
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

00 DEC 18 AM 10:06  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T BROWN DEC 19 2000  
Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 6, 2000

RELIABLE HEALTH CARE SERVICES OF FLORIDA, INC.  
5705 SOUTH SEPULVEDA BLVD.  
CULVER CITY, CA 90230

SUBJECT: RELIABLE HEALTH CARE SERVICES OF FLORIDA, INC.  
Ref. Number: P97000001418

We have received your document for RELIABLE HEALTH CARE SERVICES OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent name must be included in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6869.

Teresa Brown  
Corporate Specialist

Letter Number: 500A00061677

Victor Riccardio's name has been added to #5  
Our phone # is (310) 397-2229 Our mailing  
address is 5705 So. Sepulveda Blvd  
Culver City CA 90230

Allyson Kapp 12/13/00

**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: Reliable Health Care Services of Florida, Inc.

2. The mailing address of the corporation is: 5705 So. Sepulveda Blvd.  
Culver City CA 90230

3. Date of incorporation/qualification: 1/7/97 Document number: P97000001418

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

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301

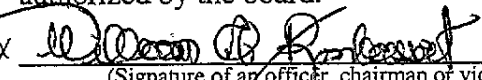
5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)

Victor Riccardo  
2325 Ulmerton Road #10  
Clearwater FL 33762-2252

00 DEC 18 AM 10:06  
FILED  
SECRETARY OF STATE  
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.

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

11-20-00  
(Date)

William A. Benbassat  
(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.

  
(Signature of Registered Agent)

11-27-00  
(Date)

If signing on behalf of an entity:

Victor Riccardo  
(Typed or Printed Name)

Branch manager  
(Capacity)

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