

P97000001418

(Business Name)

RELIABLE HEALTH CARE SERVICES

2325 Ulmerton Road, Suite 10
Clearwater, FL 33762

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

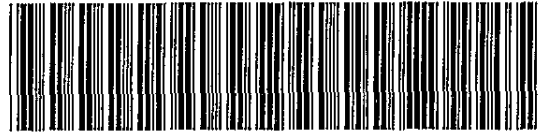
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: Reliable Health Care Services of Florida, Inc.

2. The mailing address of the corporation is: 5705 South 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:

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

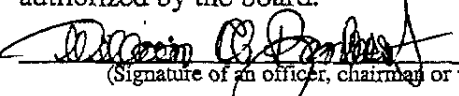
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Dorothy Angelus
2325 Ulmerton Road #10
Clearwater FL 33762-2252

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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.


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

4-10-03
(Date)

William A. Benbassat, Secretary
(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)

04/10/03
(Date)

If signing on behalf of an entity:

Dorothy Angelus Supervisor, Client Service Coordinator
(Typed or Printed Name) (Capacity)

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