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JOEL A. LEVIEN, M.D., P.A.

Diplomate of the American Board of Internal Medicine and Gastroenterology

7/7/00

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-07/11/00--01007--010
*****35.00 *****35.00

RE: Lifecare Partners Inc.

Dear Corporate dues billing department,

It was brought to my attention on July 6, 2000 by the registered agent that perhaps we never received the corporate dues document due to an address change. Immediately they forwarded us this blank form and I called your information line to see why it was no forwarded. I was informed that since it was a legal document no forwarding would take place. Please accept this letter as formal notice that we never received this and would have responded in a appropriate time frame to not incur such fees. I have enclosed two checks as instructed one on behalf of the registered agent change and the other on behalf of the corporate dues needed to keep Lifecare, Inc. current in the state records.

We do apologize for this delay. The address that has been rendered will remain the same. If you have any further questions please feel free to contact the office at 561-745-8119

Sincerely,

Gail A. Denny
Business Administrator

(Enclosures)

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00 JUL 11 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

no charge

T. LEWIS JUL 19 2000

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of Florida submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: Lifecare Partners, Inc.

2. The street address of the current registered office:

MALLOY, EARL K
675 W Indiantown Rd Ste 103
Jupiter, FL 33468

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TALLAHASSEE, FLORIDA

3. The street address of the new registered office:

Joel A. Levien, MD
210 Jupiter Lakes Blvd Bldg 3200-205 1206
Jupiter, FL 33458

The corporation has been notified in writing of this change.

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Date: 7/7/00

X 
(Signature of Registered Agent)

Joel A. Levien, MD.
(Printed or Typed Name)

Filing Fee: \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314**