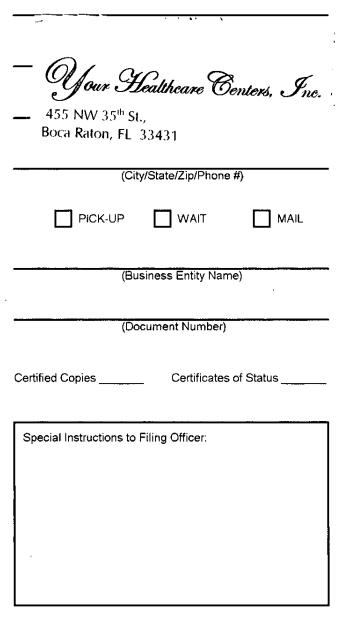
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Office Use Only

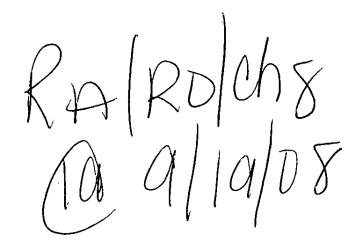


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FILED SECRETARY OF STATE DIVISION OF CORFORATIONS





September 10, 2008

YOUR HEALTHCARE CENTERS, INC. 455 NW 35TH ST. BOCA RATON, FL 33431

SUBJECT: YOUR HEALTHCARE CENTERS, INC.

Ref. Number: 751600

We have received your document for YOUR HEALTHCARE CENTERS, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

PHOTO COPIES ARE NOT ACCEPTABLE.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 108A00049529

SECRETARY OF STATE TALL AND STATE

7008 2Eb 16 VH 8: 00

RECEIVE

1 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT () BUTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sayper the
statement of change is submitted for a corporation organized under the laws of the State of Alk
1. The name of the corporation: Lough Heathmare Courses Inc.
2. The principal office address: 455 NW 35TN STROET
BOA ROTON, FI 38431
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/11/08 Document number: 75/6(2)
5. The name and street address of the current registered agent and registered office on file with the
Coles To Reiven, THE line of Great Chen J. Taccerny A.
101 Nectupourt Persuay, Sure 209 West Polm Black, Fl. 33407 6. The name and street address of the new registered agent (if changed) and for registered office: 6. The name and street address of the new registered agent (if changed) and for registered office:
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
GREENberg = Steel Tz. f.A.
GREENBERG & Steel 12, P.A. 9500 N. Mili (ARY TRAIL, SMITE 235
S / Committee and and
BOCA KATON, FLOCIDA
The street address of its registered office and the street address of the business office of its $+e^{-\frac{1}{2}(1+\frac{1}{2})}$ agent, as changed will be identical.
Such change was suborized by resolution duly adopted by its board of directors or by an 0% ± 0.000 authorized by the board, or the corporation has been notified in writing of the change.
Alex Arrector de distriction de la company d
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 exclusive relative to the proper and comply to the permance of my duties, and it got familiar with grad accept the obligation of my position as registered in the life in this document is being filled magnety to reflect a phoney in the registered affice andress, I hereby a reflect that the corporation has been notified in writing of this change.
corporation has been notified in writing of this change.
9/04/08
(Bijordan of Registered Agent)
If algoring on both of an anticy Greenberg & Strelitz, P.A.
By! It 1/2 vice President
Herbert Strelitz, We resident
MARK CHECKS PAVARIES TO BY COMMA DEPARTMENT OF STATE

MARE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 323: 1
CR2E045 (805)