May 08, 2002 8:00 am Secretary of State

FREFER	RED CARE IVIANAGEIVIENT 3	EHVICES, INC.			05-08-2002 9001	1 050 ***15	0.00	
Principal Place of Business 2901 DALLAS PKWY 2901 DALLAS PKWY STE 345 LB 15 PLANO TX 75093 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Mailing Address STE 345 LB 15 PLANO TX 75093 US 3. Mailing Address Suite, Apt. #, etc.			lage Creek Or		DO NOT WRITE IN THIS SPACE			
City & Stat		Pland TY		4.	FEI Number 75-2421262		pplied For	
7500	Country		Country USA	5.	Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current Re	gistered Agent		7.	Name and Address of New Register	ed Agent		
			Name					
CORPORATION SERVICE COMPANY 1201 HAYS ST.			Street A	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHA	ISSEE FL 32301							
			City .		F	Zip Coo	le	
8. The above	named entity submits this statement for the	ne purpose of changing its reg	ristered office o	r registered ac	gent, or both, in the State of Florida.			
-				-				
SIGNATURE								
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	gistered Agent signal	ture required when re	reinstating) DAT	E		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 F Make Check Payable to				550.00	Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AC	L DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	PT	☐ Delete	TITLE	े हिंह	<u> </u>	☑ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SCOTT, THOMAS D 2901 DALLAS PKWY #345 PLANO TX 75093		NAME Street Address City-St-Zip	5212	thomaso. Village creek or 0, Til 75093			
TITLE	S	☐ Delete	TITLE	5	0, 10 13015	☑ Change	Addition	
NAME	PROVENCE, MINDY		NAME		nce, mindy		_	
STREET ADDRESS	2901 DALLAS PKWY #345		STREET ADDRESS	2512	village crieic D			
CITY-ST-ZIP	PLANO TX 75093		CITY-ST-ZIP	710nc	5 TR 75093			
TITLE NAME		☐ Delete	TITLE NAME	Anders	on Gary	☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	2913	on Gary Village Creukon	,		
CITY-ST-ZIP			CITY-ST-ZIP	Plano	, TX 75093		,	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME	Lunic	ford, Gene			
STREET ADDRESS			STREET ADDRESS	12517 A	cford, Genc Hillage Creek Dr. 5, Tk 75093			
CITY-ST-ZIP		П	CITY-ST-ZIP	PK-no	5, 14 75093		□ Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition