

F99000005483

Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CARE PROVIDER SERVICES, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Care Provider Services, Inc.
2. The principal office address: 2979 PGA BLVD.
PALM BEACH GARDENS FL 33410
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/7/1999 Document Number: F99000005483
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ADAMS, SANDRA
2979 PGA BLVD.
PALM BEACH GARDENS FL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
(P.O. Box Not acceptable)
Palm Beach Gardens FL 33410

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, or the corporation has been notified in writing of the change.

Angela E. Howard Angela E. Howard, Assistant Secretary
(Signature of an officer or director) (Printed or Typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Angela E. Howard August 12, 2005
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
Angela Howard, Asst. Secretary
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc.
941 Fourth Street
Miami Beach FL 33139
(561) 694-8107

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