

DOCUMENT # 100000004722
 1. Entity Name
DHBS Holdings, LLC

FILED

01 OCT 26 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**10230 W Sample Rd.
 Coral Springs FL 33065**

2. Principal Place of Business 3. Mailing Address
 State, Apt. #, etc. State, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 65-1008752 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Bridget Silva
 10230 W Sample Rd
 Coral Springs FL 33065**

7. Name and Address of New Registered Agent
 Name Bridget Silva MS
 Street Address (P.O. Box Number is Not Acceptable) 10230 W Sample Rd
 City Coral Springs FL Zip Code 33065

8. The above named entity adopts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE [Signature] DATE 10/23/01
 (NOTE: Registered Agent signature required when re-electing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See article on back)
 FILE NOW! FEE IS \$100.00
 AFTER MAY 1, 2002 FEE WILL BE \$200.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>Director</u>	<input type="checkbox"/> Delete
NAME	<u>Bridget Silva</u>	
STREET ADDRESS	<u>10230 W Sample Rd</u>	
CITY - ST - ZIP	<u>Coral Springs FL 33065</u>	
TITLE	<u>Dr. Davis Hammy</u>	<input type="checkbox"/> Delete
NAME	<u>10230 W Sample Rd</u>	
STREET ADDRESS	<u>Coral Springs FL 33065</u>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>800004666508</u>
STREET ADDRESS	<u>-11/06/01--01003--0000</u>
CITY - ST - ZIP	<u>*****55 00 *****5800</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 an attachment with an address, with all other like empowered).
 SIGNATURE: [Signature] DATE 9/12/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #