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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FULLER

FILED
Nov 12, 2003 8:00 A
Secretary of State

Name and Mailing Address

0011681 01 AT 0.292 **AUTO T3 0 0615 33408-452100



PALM BEACH CORPORATE INVESTMENTS, LLC
712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH FL 33408-4521



2. New Mailing Address <div style="font-size: 1.2em; font-family: cursive;">129 Newbridge Rd.</div> <div style="font-size: 1.2em; font-family: cursive;">Hicksville, NY 11801</div>		4. State/Country of Formation <div style="text-align: center; font-weight: bold;">FL</div>																																													
City, State, Zip <div style="font-size: 1.2em; font-family: cursive;">Hicksville, NY 11801</div>		5. Date Organized or Qualified To Do Business in Florida <div style="text-align: right;">11/29/2000</div>																																													
Principal Place of Business 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH FL 33408		3. New Principal Place of Business Address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																													
City, State, Zip <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		6. FEI Number <div style="text-align: center; font-weight: bold;">65-1079099</div>																																													
8. Name and Address of Current Registered Agent <div style="font-weight: bold; font-size: 1.1em;">SNOW, CORTLANDT</div> <div style="font-weight: bold; font-size: 1.1em;">5600 N FLAGLER DR</div> <div style="font-weight: bold; font-size: 1.1em;">UNIT 504</div> <div style="font-weight: bold; font-size: 1.1em;">WEST PALM BEACH FL 33407</div>		9. Name and Address of New Registered Agent <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																													
Signature of Registered Agent <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div>		Date <div style="font-size: 1.2em; font-family: cursive;">10/30/03</div>																																													
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">REGISTERED AGENT MUST SIGN</div>		6. FEI Number <div style="text-align: center; font-weight: bold;">65-1079099</div>																																													
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>FISCHER, PETER M</td> <td>129 NEWBRIDGE RD.</td> <td>HICKSVILLE NY 11801</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	FISCHER, PETER M	129 NEWBRIDGE RD.	HICKSVILLE NY 11801																																					7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																																												
MGRM	FISCHER, PETER M	129 NEWBRIDGE RD.	HICKSVILLE NY 11801																																												

CB2E084 (7/03)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Date _____

Daytime Phone #

561-252-2001

Typed or printed name of signing Managing Member/Manager

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CARECORP LLC

October 30th, 2003

Florida Department of State,
Division of Corporations,
P.O. Box 6327,
Tallahassee, Florida 32314

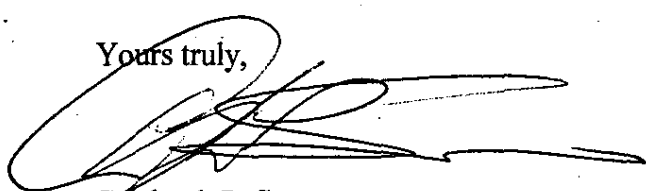
On advice from your office I am writing to advise you that we remain the registered agents for the following Florida companies which need to be brought current through filing of the Annual Reports. To date we have not received prior advice from your office of the status reports except a Notice of Dissolution concerning Northwood Healthcare Foundation, Inc., probably due to our recent move and which prompted my call, and most recently the Request for Reinstatement forms.

The companies are: Northwood Healthcare LLC
Northwood Healthcare Foundation, Inc. (a non-profit entity)
Palm Beach Corporate Investments LLC
Carecorp LLC

I enclose a money order in the amount of \$208.75 being the amount requested by your office (\$50.00 per entity plus \$8.75 for a certificate of status for Northwood Healthcare Foundation, Inc.) along with the requests for reinstatement.

Trusting that this meets with your satisfaction, I remain,

Yours truly,



Cortlandt P. Snow
Registered Agent