2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 AM
Secretary of State

DOCUMENT# L01000003153

Entity Name: CARESERVICES OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

777 YAMATO ROAD
SUITE 330
BOCA RATON, FL 33431

New Principal Place of Business:

5251 NW 33RD AVENUE
FORT LAUDERDALE, FL 33309

Current Mailing Address:

777 YAMATO ROAD
SUITE 330
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-1094432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYRICK, KIM
777 YAMATO ROAD
SUITE 330
BOCA RATON, FL 33431

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MYRICK, KIM
Address: 1664 FLAGLER MANOR CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM ( ) Change (X) Addition
Name: LECHNER, BRIAN
Address: 360 S.E. MIZNER BLVD., SUITE 1509
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Change (X) Addition
Name: BROWN, ROGER
Address: 3265 ST. JAMES DRIVE
City-St-Zip: BOCA RATON, FL 33454

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIM MYRICK MGRM 04/03/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date