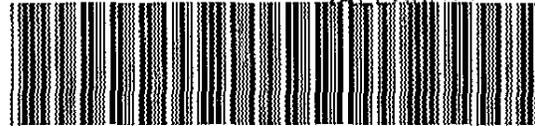


L02000020942

04 JAN 26 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800027520068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 21, 2004

To: Registration Section
Division of Corporations

Re: L02000020942

Enclosed please find the Articles of Amendment to Articles of Organization for Medi-Care Home Health LLC and a check in the amount of \$55.00 for filing and a certified copy.

If you have any questions, please feel free to call me at 1-561-714-0870.

Sincerely,



Adam Reeves
9696 Plumeria Way
Boynton Beach, FL 33436

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MEDI-CARE HOME HEALTH LLC
(A Florida Limited Liability Company)

FILED

04 JAN 26 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The date of filing of the articles of organization was: August 16, 2002

SECOND: The following amendment(s) to the articles of organization were adopted by the limited liability company: January 30, 2004

ARTICLE II

The street address of the principle office of the Limited Liability Company is:

2400 HIGH RIDGE RD, SUITE 101
BOYNTON BEACH, FL 33426

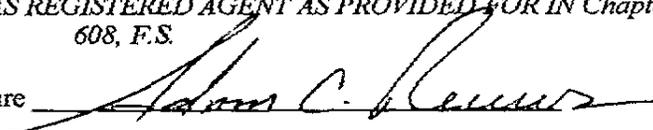
ARTICLE III

The name and Florida street address of the registered agent is:

ADAM REEVES
9696 PLUMERIA WAY
BOYNTON BEACH, FL 33436

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN Chapter 608, F.S.

Registered Agent's Signature



ARTICLE V

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Signature of authorized representative

