

102000024846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

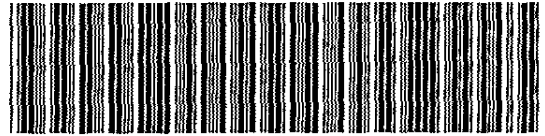
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 11, 2004

CLINICARE HEALTH SYSTEMS LLC
230 N. DIXIE HIGHWAY, BAY 25 & 27
HOLLYWOOD, FL 33020

SUBJECT: CLINICARE HEALTH SYSTEMS, LLC
Ref. Number: L02000024846

We have received your document for CLINICARE HEALTH SYSTEMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 604A00016405

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: CLINICARE HEALTH SYSTEMS LLC
2. The mailing address of the limited liability company is : 230 N. DIXIE HWY, BAY 26
HOLLYWOOD, FL 33020
3. Date of filing/registration in Florida 9/20/03 4. Document number L02000024846

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

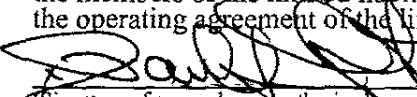
ALLAN M. GLASER, P.A.
Name
11900 BISCAYNE BLVD, STE 807
Address
MIAMI, FL 33181
City, State and Zip

6. The name and address of the new registered agent and/or office:

PAUL LEIGHT
Name
230 N. DIXIE HIGHWAY, BAY 26-27
Florida street address (P.O. Box NOT acceptable)
HOLLYWOOD, FL 33020
City, State and Zip

04 MAY 12 AM 9:32

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

PAUL J. LEIGHT
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314