2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# L02000026786

Entity Name: CARESERVICES OF MIAMI-DADE, LLC

Current Principal Place of Business:

777 YAMATO ROAD, SUITE 330
BOCA RATON, FL 33431

New Principal Place of Business:

2500 QUANTUM LAKE DRIVE
SUITE 108
BOYNTON BEACH, FL 33426

Current Mailing Address:

777 YAMATO ROAD, SUITE 330
BOCA RATON, FL 33431

New Mailing Address:

2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426

FEI Number: 41-2063315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MYRICK, KIM
MOBILE MEDICAL INDUSTRIES, INC.
777 YAMATO ROAD, SUITE 330
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MYRICK, KIM
2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426 US

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: _____ 04/30/2003
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: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM ( ) Change (X) Addition
Name: LECHNER, BRIAN
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM ( ) Change (X) Addition
Name: KAPLAN, MIKE
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, F 33426

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 CFO 04/30/2003
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date