

L03 0000 20736

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 313279 4809160

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 25.00

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ORDER DATE : November 7, 2003

ORDER TIME : 9:54 AM

ORDER NO. : 313279-010

CUSTOMER NO: 4809160

CUSTOMER: Ms. Christa Rabideau  
Robbins, Salomon & Patt  
Suite 1000  
25 East Washington Street  
Chicago, IL 60602

CHANGE OF AGENT

NAME: FLORIDA SUPPLEMENTAL CARE  
MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER: \_\_\_\_\_

**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: FLORIDA SUPPLEMENTAL CARE MANAGEMENT, LLC
2. The mailing address of the limited liability company is : 601 Collins Avenue, Office K,  
Miami, Florida 33139

3. Date of filing/registration in Florida September 1, 2003 4. Document number L03000020736

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

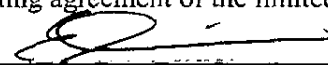
Corporation Service Company  
Name  
1201 Hays Street  
Address  
Tallahassee, FL 32301  
City, State and Zip

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

Eitan Squire  
Name  
601 Collins Avenue, Office K  
Florida street address (P.O. Box NOT acceptable)  
Miami, FL 33139  
City, State and Zip

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)

Eitan Squire  
(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)

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