

DOCUMENT# L03000022278

**Entity Name:** VIP HEATH CARE SERVICES L.L.C.

**New Principal Place of Business:****Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALDER, CHARLTON DR.  
480 NORTH PARKWAY  
GOLDEN BEACH, FL 33160 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:

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ADLER, TERRY  
Address: 17395 NORTHBAY RD  
City-St-Zip: SUNNY ISLES, F 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: BURGOS, NYDIA  
Address: 17395 NORTHBAY RD  
City-St-Zip: SUNNYISLES, FL 33160

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NYDIA BURGOS

MGR

04/18/2005

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