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SECRETARY OF STATE

SHIPANSSEE, FLORIDA

SPIEGELMAN AND SPIEGELMAN

ATTORNEYS AT LAW

BISCAYNE BUILDING, SUITE 420 19 WEST FLAGTER STREET MIAMI, FLORIDA 33130

MAX SPIEGELMAN ROBERT I. SPIEGELMAN - TELEPHONÉ (305) 371-2500 TELEFAX (305) 374-3606

February 27, 2003

Division of Corporations Attn: Amendment Section P. O. Box 6327 Tallahassee, Florida 32314

IN RE: AMENDMENT TO ARTICLES OF INCORPORATION AND STATEMENT OF CHANGE OF REGISTERED AGENT NAME OF CORPORATION: ALVACARE INC.



Gentlemen:

Please find enclosed herewith an original and one (1) copy of the Articles of Amendment to the Articles of Incorporation of Alvacare, Inc., duly executed, together with a copy thereof. I have also enclosed herewith a Statement of Change of Registered Office or Registered Agent or Both for the Corporation.

I would appreciate your filing the same, returning a certified copy to this office.

I have enclosed herewith our trust account check in the amount of \$122.50, representing the filing fee to the Articles of Amendment in the amount of \$35.00; registered agent fee in the amount of \$35.00; and your fee for a certified copy of the Amendment to the Articles in the amount of \$52.50.

Please send us your acknowledgment and a certified copy of the Amendment to the Articles of Incorporation.

Thank you for your prompt attention to this matter.

Very truly yours,

SPIEGELMAN AND SPIEGELMAN

Max Spiegelman

MS/jp Enclosures (as noted)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: ALVACARE, INC. 2. The principal office address: 8887 S.W. 131 Street, MIAMI, FLORIDA. 33176 3. The mailing address (if different): Same 4. Date of incorporation/qualification: 5/18/90 Document number: L74675 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Frank Alvarez 10711 S.W. 146th Court Miami. Florida 33186 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Max Spiegelman, Escuire 19 West Flagler Street, Suite #420 (No. Bwa or personal minimo NOI acceptable) Miami, Florida 33130 The street address of its registered office and the street address of the business office of its registered gent, as changed will be identical. The street address of its registered office and the street address of the business office of its registered gent, as changed will be identical. The street address of its registered office and the street address of the business office of its registered gent, as changed will be identical. The street address of its registered office and the street address of the business office of its registered gent, as changed will be identical. The street address of its registered office and the street address of the business office of its registered gent, as changed will be identical. The street address of its registered gent and the street address of the business office of its registered gent, as changed will be identical. The street address of the current registered agent and agree to act in this capacity the proper and complete to complete the propriation as the street address of the proper and complete complete the proper and complete complete the proper and complete the proper and complete complete the proper and complete complete the street address. I hereby confirm that the corporation has been notified in writing of this change. ***FILING FEE: \$35.00 *** MAGE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	Florida	in order to c	hange its register	ed_offic	e or registered	agent, or b	oth, in the State	2
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