

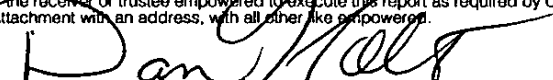


FILED
Apr 29, 2005 8:00 am
Secretary of State

1400/000

DOCUMENT # P01000080309				Secretary of State 04-29-2005 90221 041 ***150.00	
1. Entity Name AURORA HEALTHCARE, INC.					
Principal Place of Business 6363 TAFT ST #3001 HOLLYWOOD, FL 33024		Mailing Address 6363 TAFT ST #3001 HOLLYWOOD, FL 33024		14007000	
2. Principal Place of Business 6365 Taft Street		3. Mailing Address 6365 Taft Street			
Suite, Apt. #, etc. Suite 3001		Suite, Apt. #, etc. Suite 3001		04252005 Chg-P CR2E034 (10/03)	
City & State Hollywood, Florida		City & State Hollywood, Florida		4. FEI Number 65-1133246	
Zip 33024		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOLOMAN, FRANCES 8400 SW 28TH DAVIE, FL 33328			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOLT, DAN 10380 NW 10 CT PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Kolt, Dan 11066 Via Sorrento Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KOLT, DARLENE 10380 NW CT. PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Kolt, Darlene 11066 Via Sorrento Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4-25-05-954-893-9944			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			