TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

P01000106064

SUBJECT: CYBERCARE 24, INC.	
(Name of corporati	on)
DOCUMENT NUMBER: P01000106064	
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Frank Angerame	
(Name of person)	
CyberCare, Inc.	4000075671442 -09/06/0201039004
(Name of firm/company)	*****35.00 *****35.00
2500 Quantum Lakes Drive, Ste. 1000 (Address)	
Boynton Beach, FL 33426	
(City/state and zip code)	
For further information concerning this matter, please call:	
Frank Angerame at (561	742-5000
(Name of person) (Area code	& daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
AND A SEE FLORIDA

CR2E045(07/02)

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

	e provisions of sec of change is submiti							es,
Florida		change its registe	_		•	-		ate
of Florida.				-				
1. The name of	f the corporation:	CYBERCARE 2	4, INC.					
2. The principa	al office address:	2500 Quantu	m Lakes	Drive, St	e. 1000	· -		
		Boynton Bea	ch, FL	33426				
3. The mailing	address (if differen	t):						
4. Date of incom	rporation/qualificat	ion: 11/2/01		_ Document	number:	P0100010	06064	
	nd street address of tartment of State:	the current registe	red agent :	and registere	ed office on	file with	the	
		Rodger L. Hoc	hman					
		2500 Quantum	Lakes Di	ive, Ste.	1000			
		Boynton Beach	, FL 334	26				
6. The name a changed):	nd street address o	f the new registe	red agent	(if changed) and /or re	egistered (office	(if
0 ,		Frank Angeram	e					
2500 Quantum Lakes Drive, Ste. 1000								
(P.O. Box or personal mailbox NOT acceptable) Boynton Beach, FL 33426								
The street addragent, as chang	ress of its registered ged will be identica	office and the st	reet addre	ss of the bu	siness offic	e of its re	gistere	:d
Such change wauthorized by t	vas authorized by re the board, or the co	solution duly adorporation has been	pted by it n notified	s board of d in writing o	irectors or f the chang	by an offi ge.	cer so	
(Signature of an office	r, chairman or vice chairman	n of the board)	ALAN 1	Printed or types	PRESIDE I name and title)	ENT		
performance of	t the appointment a to comply with the f my duties, and I a	m familiar with a	nd accept	the obligati	ion of my p	osition as	,	
office address,	nt. Or, if this docu I hereby confirm th	nat the corporatio	n has bee	n notified in	nunge in in writing of	this chan	ge.	
Tran	Why en	1t)	tre	aust o	20, 2 ate)	<u>0455</u>	<u>্</u> ত্য	
If signing on beha	<i>[</i>]		4	9	,	HASSE	9- d 3	
(Typed or Printed Name)			(Ca	pacity)	그루	至	A E
		* * * FILING FI	EE: \$35.0	0 * * *		H27		
		YABLE TO FLORIDA DE PRORATIONS, P.O. BOX				3 7	ယ	