

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA CARE RESOURCE SPECIALISTS, INC.
(Name of corporation)

DOCUMENT NUMBER: P 02000089688

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James W. Keeley
(Name of person)

FLORIDA CARE RESOURCE SPECIALISTS, INC.
(Name of firm/company)

4532 W KENNEDY BLVD #341
(Address)

TAMPA, FL 33609-2042
(City/state and zip code)

100007418751--R
-08/29/02--01021--005
*****35.00 *****35.00

For further information concerning this matter, please call:

James W. Keeley at (813) 995-2037
(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

FILED
02 AUG 29 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FLORIDA CARE RESOURCE SPECIALISTS, INC.
2. The principal office address: 4532 W. KENNEDY BLVD #341
TAMPA, FL 33609-2042
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 8/19/2002 Document number: P02000089688
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

1840 Southwest 22 Street 4th Floor

MIAMI, FL 33145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES W. KEELEY

4532 W. KENNEDY BLVD

(P.O. Box or personal mailbox NOT acceptable)

TAMPA, FL 33609-2042

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

CEO / PRESIDENT
(Printed or typed name and title)

(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

Date _____

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314