FILED Apr 14, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Suite. Apt. if. etc. Suite. Apt. if. etc. CHECK HERC IF MAKING CHANGES City & State Check HERC IF MAKING CHANGES Zip Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, JOHN P Zip Code 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent. SIGNATURE Signatu	1. Entity Name O'BRIEN HR1, INC.						04-14-2003 9	0951 011 ***150.	00
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Second S	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			_ ***	IF MAKING CHANGES	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Street Address of New Registered Agent City FL Zip Code City City FL Zip Code City City FL Zip Code City	City & Stat	te		City & State			4. FEI Number 10-1050	/M/\\	
MILLER, JOHN P 2499 GLADES ROAD STE 905A BOCA RATON FL 33431 **Text 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 me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me colligations of registered agent, or both, in the State of Flo	Zip Country			Zip Countr		ntry			
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B. 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. B. 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.									
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		certify that the inf	grmation supplied wi	th this filing does not a			Section 119.07(3)(i), Florida Statutes. I	further certify that the in	ntormation

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:

Daytime Phone #