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OF COUNSEL: GEORGE L. VARNADOE

June 27, 2005

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

Re:

Health Solutions of Southwest Florida, Inc.

P03000022117

Dear Sir or Madam:

Please find enclosed Statement of Change of Registered Office or Registered Agent or Both for the above-referenced corporation, together with our check in the amount of \$35.00 in payment of the filing fee therefor. Please direct all correspondence concerning this matter to me.

Please do not hesitate to contact me if you have any questions or require anything further. Thank you.

Very truly yours,

Jeff M. Novatt For the Firm

JMN/lrj Enclosures

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

statement of change is subn	nitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, i zed under the laws of the State of Florida red agent, or both, in the State of Florida.	this
1. The name of the corpora	tion: Health Solutions of Sout	nwest Florida, Inc.	
2. The principal office addr	ess: 1890 Southwest Health F	Parkway, Naples, Florida 34109	
3. The mailing address (if o	lifferent): 18 Woodside Drive,	New City, New York 10956	· · · · · · · · · · · · · · · · · · ·
4. Date of incorporation/qu	alification: 02/24/03	Document number: P03000022117	
5. The name and street add Florida Department of S	- -	ent and registered office on file with the	
CT Corpo	ration System		3
1200 Sout	1200 South Pine Island Road		
Plantation	n, Florida 33324		129
(if changed):	ress of the new registered agent	t (if changed) and /or registered office	05 JUN 29 PM 1:57
			37
82) Filth /	Avenue South, Suite 201 (P.O. Box NOT acceptable)		
Naples, F	lorida 34102		
The street address of its re as changed will be identic	egistered office and the street a	address of the business office of its registe	red agent,
Such change was authorized by the board, o	ed by resolution duly adopted	by its board of directors or by an officer sified in writing of the change.	so
Robert W. Taylor, S		Robert W. Taylor, Senior Vice President	
I further oaree to comply a	(y) (y) (y) (y) (with the provisions of all statu- villar with and accept the obli- erely to reflect a change in the fied in writing of this change.	· · · · · · · · · · · · · · · · · · ·	erformance Or, if this om that the
MINI		June 2 ³ , 2005	
(Signature of Registered Agent)		(Date)	**************************************
If signing on behalf of an	entity:		
(Typed or Printe	od Name)		

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