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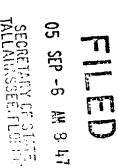
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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10 9-9

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SpectraCare, Inc. (Name of	corporation)	
	•	
DOCUMENT NUMBER: F94000062293		
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Diana Maldonado		
(Name of person)		
US Registered Agents, Inc. (Name of fire	m/sommony)	
(name of the	n/company)	
101 Main Street Suite One		
101 Main Street, Suite One (Add	ress)	
Tappan, NY 10983		
(City/state ar	nd zip code)	
For further information concerning this matter, please call:		
Diana Maldonado	at (845) 398-0900 (Area code & daytime telephone number)	
(Name of person)	(Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department	nt of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street	
Tallahassee, FL 32314	Tallahassee, FL 32399	

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

	-	7.0502, 607.1508, or 617.1508, Florida Statutes	, this statement of
		der the laws of the State of Kentucky	in order
to change its re	gistered office or registered agent, o	or both, in the State of Florida.	
1. The name of	the corporation: SpectraCare, Inc.		
2. The principal	office address: 4750 N. Federal H	łwy.,	
Fort Lau	derdale, FL 33308		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 8/23/1994	Document number: F94000062293	
	d street address of the current registe rtment of State:	ered agent and registered office on file with the	
	Sedra. Michael		
	4750 N. Federal Hwy., Suite 100	0	a. 9. A
	Fort Lauderdale, FL 33308		
6. The name and (if changed):	•	d agent (if changed) and /or registered office	TASSEE.
	NRAI Services, Inc.		- FST 8
	2731 Executive Park Drive, St		一哥与
	(P,O. Box or per	rsonal mailbox NOT acceptable)	~ ~
	Weston, FL 33331		_
The street addre	ess of its registered office and the se identical.	street address of the business office of its regist	ered agent, as
Such change wathe board, or the	as authorized by resolution duly ad e corporation has been notified in v	lopted by its board of directors or by an officer writing of the change.	so authorized by
	Signature of an officer or director)	James A. Keens, Assistant Se	
I further agree (duties, and I an being filed mere	to comply with the provisions of all a familiar with and accept the oblig ely to reflect a change in the regist writing of this change.	ent and agree to act in this capacity. It statutes relative to the proper and complete p gation of my position as registered agent. Or, ered office address, I hereby confirm that the c \[\begin{align*} \frac{7}{23}/05 \\ \tag{\tag{Date}} \end{ate}	erformance of my if this document is orporation has
If signing on be	chalf of an entity:		
Irene F. Lovet		Asst., Secy., of NRAI	
	(Typed or Printed Name)	(Capacity)	

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