P94000932/0 TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	
(Name of corporation	on)
DOCUMENT NUMBER: P94000093210	
The enclosed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Frank Angerame	
(Name of person)	-
CyberCare, Inc. (Name of firm/company)	3000075673134 -09/06/0201039008
	*****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)
7 1 1 00500 1 1 1 1 1 1 1 1 1 1	

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



CR2E045(07/02)

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

this statement of	change is submi	ctions 607.0502, 617 tted for a corporation	organized und	ler the laws of	the State of
Florida of Florida.	in order_to	change its registered	d office or regi	istered agent,	or both, in the State
1. The name of the	ne corporation:	Ivanhoe Medical	L Systems, 1	Inc.	
2. The principal	office address:	2500 Quantum	Lakes Drive	, Ste. 1000	1
-	1	Boynton Beach	, FL 33426		
3. The mailing ac	ddress (if differe	nt):			
4. Date of incorp	oration/qualifica	tion:12/27/94	Docum	nent number:	P94000093210
5. The name and Florida Depart		the current registered		stered office o	on file with the
_		Rodger L. Hochm	· ** ***		
_		2500 Quantum La	kes Drive,	Ste. 1000	
-		Boynton Beach,	FL 33426		
6. The name and changed):	l street address	of the new registered Frank Angerame	l agent (if char	nged) and /or	registered office (if
		2500 Quantum La		Ste. 1000	
_		(P.O. Box or personal mailbo Boynton Beach,			
agent, as change	d will be identic		2.7		-
· NA	Krital	esolution duly adopte opporation has been n			r by an officer so nge. RESIDENT
I further norde to	he appointment	an of the board) as registered agent a e provisions of all sta am familiar with and ment is being filed m that the corporation i	nd agree to ac	t in this capac	city. and complete position as the registered of this change.
	ack Hr	allows _	August	20,2	00 78 8
If signing on behalf	of an entity:	7 '		(Date)	SEP -6 NETAR AHASS
СТУ	ped or Printed Name)			(Capacity)	
		* * * FILING FEE	: \$35.00 * * *		TO TO TO
	Make checks	PAYABLE TO FLORIDA DEPAR	TMENT OF STATE AN	D MAIL TO:	32