

P 9500014416

BERTRAM HARNETT,
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LAW OFFICES
Harnett Lesnick & Ripps P.A.
BANK OF AMERICA TOWER
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BOCA RATON, FLORIDA 33432-4832

OF COUNSEL
WILLIAM A. KASS

(561) 368-1995

TELECOPIER: (561) 368-4315

August 29, 2000

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32399

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-09/01/00--01050--006
*****35.00 *****35.00

RE: Change of Registered Agent for CHCS, Inc.

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Agent for CHCS of Florida, Inc., as well as our check number 12019 in the amount of \$35.00 for the filing fee. Thank you for your prompt attention.

Very truly yours,

EVELYN F.
AUTHORIZATION BY PHONE TO
CONTACT ADD IRVING LESNICK
10-7-3
DATE
OK

Evelyn M. Feiner
Paralegal for the firm

Enc.

FILED
OCT 20 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IRVING LESNICK

PAID
TAX
10/3

LAW OFFICES

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OF COUNSEL
WILLIAM A. KASS

September 18, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Att: Karen Gibson

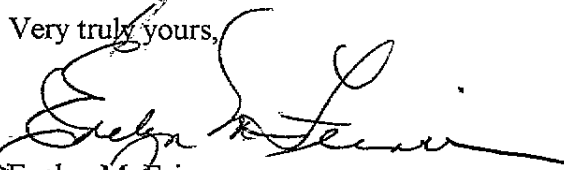
RE: CHCS of Florida, Inc.

Dear Ms. Gibson:

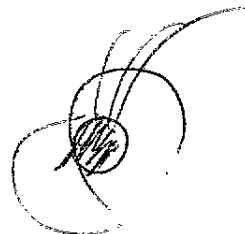
Pursuant to the above matter, and your letter of September 13, 2000, I am enclosing the corrected Statement of Change of Registered Office or Registered Agent per your instructions. All the changes have effected.

Please contact me if any additional changes are required.

Very truly yours,


Evelyn M. Feiner
Paralegal for the firm

Enc.





FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 13, 2000

EVELYN M. FEINER, PARALEGAL
HARNETT LESNICK & RIPPS
150 E, PALMETTO PARK RD., SUITE 500
BOCA RATON, FL 33432-4832

SUBJECT: CHCS OF FLORIDA, INC.
Ref. Number: P95000014416

We have received your document for CHCS OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 600A00048407

**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,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation is: CHCS of Florida, Inc.
2. The mailing address of the corporation is: 3050 Universal Blvd., Suite 150, Weston, FL 33351
3. Date of incorporation/qualification: 2/20/95 Document number: P95000014416
4. The name and address of the current registered agent and office:

Wallace, Milton J.
2222 Ponce De Leon Blvd., Ste. 303
Coral Gables, FL 33134

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Harnett Lesnick & Ripps P.A.
150 E. Palmetto Park ~~RD~~ Ste. 500
Boca Raton, FL 33432-4832

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.

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

8-22-00
(Date)

Robert Waeglein, Sr. V.P. & C.F.O.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

By: (Signature of Registered Agent)

(Signature of Registered Agent)

8/22/00
(Date)

If signing on behalf of an entity:

Irving Lesnick

Harnett Lesnick & Ripps P.A.
(Typed or Printed Name)

Registered Agent/Attg.
(Capacity)

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

FILED
00 OCT 20 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA