DOCU 1. Entity Nam		FORM BUSI # P970000	NESS REPO 016193	R)	FILED Sep 12, 2000 8:00 am Secretary of State 09-12-2000 90240 018 ***150.00					
Principal Place of Business 8051 NW 36TH ST 620 MIAMI FL 331 <i>6</i> 6			Mailing Address 8051 NW 36TH ST 620 MIAMI FL 33166 US					e e e e e e		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State				. FEI Number 65-0735394			ed For oplicable
Zip		Country	Zip	try	5. Certificate of Status Desired Status Desired Status Desired Fee Required			onal		
	6. Name	and Address of Current F	Registered Agent	Name *		. Name and Address of New Reg	istered Ager	nt		
330		, Elizabeth C esquir de leon blvd.	E		Street Address (P.O. Box Number is Not Acceptable)					
		ES FL 33134		City	FL Zip Code					
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office o	r registered	agent, or both, in the State of Florid	la.		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW !!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of State						00 be \$750.0	10 Election Campaign Einer		\$5.00 Added to	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Silva, C 8051 NV Miami F	V 36TH ST., STE 620	DIRECTORS		e E :et address -st-zip	2005	ADDITIONS/CHANGES TO OFFIC , CARLOS , CORAL WAY, NI, FL 33145	20	Change (CLSE034 (2000)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICUSA 8051 NV	NTE, EUNICE V 36TH ST., STE 620 L 33166	🗋 Delete			205	V NICUSANTE, EUNICE (Change) 2050 CORAL UAT, STE 203 MIAMI, FL 33145			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete LARREN, MARIA 8051 NW 36TH ST., STE 620 MIAMI FL 33166					Change - Ac				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Delete ARCINIEGA, FERNANDO 8051 NW 36TH ST., STE 620 MIAMI FL 33166					VT ARCINIEGA, FERNANDO A Change 2050 CORAL WAY, STE 20 MIAMI, FL 33145				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	-					Change [Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	÷	· · · · · · · · · · · · · · · · · · ·		CITY	e Et address - St-Zip •				••••	Addition
 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 the section this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 										
SIGNAT	UKE: _		INTED NAME DE SIGNING OFFICER	<u>· MAN</u>	<u> </u>	KLIN			a Phone #	<u>'</u>



attactment 0616193 A 0077029

2050 Coral Way Suite 203 Miami, FL 33145 Tel: 305.854.3234 Fax: 305.854.3677 www.eldercareoptions.com

September 5, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Please be advised that our office has never received a Uniform Business Report. The second report was received on August 30, 2000. Therefore, as per recommended by your office attached you will find a check for the amount of \$150.00 dollars.

Should you have any further questions, please feel free to contact me at Tel: (305) 854-3234.

Sincerely.

Fernando Arciniega Vice President of Operations