

FROM :

FAX NO. : 3055580318

Dec. 29 2000 01:56PM P1
Page 1 of 2

Division of Corporations

P97000033318

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

FILED
00 DEC 29 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000067762 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4000

From:

Account Name : ORLANDO PIFERRER
Account Number : T19990000144
Phone : (305) 362-0031
Fax Number : (305) 558-0318

RECEIVED
00 DEC 29 PM 3:12
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

PALMETTO COMPREHENSIVE HEALTH CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RA Change

1-2-01 DC

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 : PALMETTO COMPREHENSIVE HEALTH CARE, INC.
Change: Principal Address: 5788 S.W. 8th Street
Miami, Fl 33144
- 2. The mailing address of the corporation : 5788 S.W. 8th Street
Miami, Fl 33144
- 3. Date of incorporation/qualification: 04/14/97 Document number: P97000033318
- 4. The name and address of the current registered agent and office:

Ralph Perez
585 S.W. 22nd Avenue
Miami, Fl 33135

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

Blanca A. Vazquez
5788 S.W. 8th Street
Miami, Fl 33144

FILED
00 DEC 29 PM 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Blanca A. Vazquez 12/29/00
(Signature of an officer, chairman or vice chairman of the board) (Date)

Blanca A. Vazquez & Medcare Enterprises, Inc. President
(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.

Blanca A. Vazquez 12/29/00
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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