

P97000101686  
DAVID J. SCHOTTENFELD, P.A.

Attorney at Law

7520 Northwest 5th Street  
Suite 203  
Plantation, Florida 33317

Telephone (954) 316-5033  
Fax (954) 316-5037

December 26, 2000

Secretary of State  
State of Florida  
Corporate Division  
P.O. Box 6327  
Tallahassee, FL 32304

000003515920--1  
-12/28/00--01061--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Senior Benefit Centers of America, Inc.

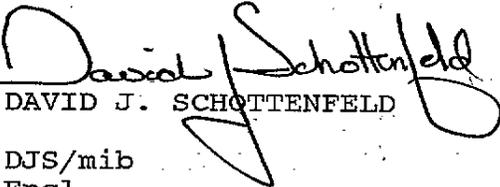
Gentlemen:

Please find enclosed herein duly signed Statement of Change of Registered Office or Registered Agent or Both for the above named corporation, together with check to the order of Secretary of State in the amount of \$35.00, representing filing fee for this document.

Please forward copy of the filed Statement of Change, bearing your receipt stamp to the undersigned at the earliest possible time. A return envelope has been enclosed for your convenience.

Thank you in advance for your courtesy and prompt cooperation in this matter.

Very truly yours,

  
DAVID J. SCHOTTENFELD  
DJS/mib  
Encl.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 DEC 28 PM 12: 01

FILED

ad 1-8-01  
ra chg

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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: Senior Benefit Centers of America, Inc.

2. The mailing address of the corporation is: 6853 SW 18 Street # 10 Boca Raton, FL 33433

3. Date of incorporation/qualification: 12/17/98 Document number: P97000101686

4. The name and address of the current registered agent and office:

Deborah Mask
6853 SW 18 Street # 10 Suite 110
Boca Raton, FL 33433

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

David J. Schottenfeld
7520 NW 5th Street # 203
Plantation, FL 33317

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.

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

12/22/00
(Date)

Carole Kempfer
Secretary/Treasurer
(Printed or typed name and title)

12/26/00
(Date)

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.

David J. Schottenfeld
(Signature of Registered Agent)

12/26/00
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 DEC 22 PM 12:01

FILED