191000/08239 TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

900007567509—-1 -09/06/02--01039--012 *****35.00 *****35.00

SUBJECT: YOUR GOOD HEALTH NETWORK, IN	G.		
(Name of corporati	on)	-	
DOCUMENT NUMBER: P97000108239		· · · · · · · · · · · · · · · · · · ·	 -
The enclosed Statement of Change of Registered Office/Ago	ent and fee are submitted for f	iling.	
Please return all correspondence concerning this matter to the	ne following:		
Frank Angerame			
(Name of person)	•		
CyberCare, Inc.		· -•	
(Name of firm/company)			
2500 Quantum Lakes Drive, Ste. 1000		•	<u>.</u> .
(Address)	<u>-</u>	•	
Boynton Beach, FL 33426 (City/state and zip code)	·		rær .
For further information concerning this matter, please call:		•	
			,
Frank Angerame at (561) 742-5000	-	
(Name of person) (Area code	& daytime telephone number)		

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



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

Pursuant to the pr	ovisions of section	ns 607.0502, 617.050	2, 607.1508, or 617.150	18, Florida Statutes,
*	ange is submitted	l for a corporation org	anized under the laws of	the State of
Florida	in order to ch	ange its registered off	ice or registered agent,	or both, in the State
of Florida.				
1. The name of the	corporation: Y	OUR GOOD HEALTH N	ETWORK, INC.	
2. The principal of	fice address:	2500 Quantum Lake	es Drive, Ste. 1000	·
		Boynton Beach, FI	33426	
3. The mailing add	ress (if different):			
4. Date of incorpor	ation/qualification	1:12/26/97	Document number: _	P97000108239
5. The name and st Florida Departm		e current registered age	nt and registered office o	n file with the
	Ro	odger L. Hochman		
<u></u>	25	00 Quantum Lakes	Drive, Ste. 1000	
	Во	ynton Beach, FL 3	33426	
6. The name and s changed):		the new registered age	nt (if changed) and /or -	registered office (if
	21	inn Quantum Takes	Drive Sta 1000	
	2500 Quantum Lakes Drive, Ste. 1000 (P.O. Box or personal mailbox NOT acceptable)			
	Вс	ynton Beach, FL	33426	NAMES
agent, as changed v	will be identical.		lress of the business offi	_
Such change was a authorized by the b	King et		vits board of directors of ed in writing of the char A J. PUSATERI PR (Printed or typed name and titl	
registered agent. (office address, I he (Signat	or, if this docume reby confirm that we of Registered Agent)	registered agent and a rovisions of all statute familiar with and according filed merel the corporation has b	gree to act in this capaces relative to the proper of the obligation of my to reflect a change in it is een notified in writing of (Date)	ity. und complete position as he registered of this change
If signing on behalf of	an entity:			SSEE 6
(Турес	or Printed Name)		(Capacity)	FLOGATO C
	* :	* * FILING FEE: \$35	5.00 * * *	ORIE V 3

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314