TRANSMITTAL LETTER

P97000108241

TO: Amendment Section Division of Corporations

| SUBJECT: MICH ACQUISITION COMPANY II, INC | A CONTRACTOR OF THE CONTRACTOR | | *** |
|--|--|-----------------------------------|------------------------------|
| (Name of corporatio | n) | | |
| DOCUMENT NUMBER: P97000108241 | | | |
| The enclosed Statement of Change of Registered Office/Age | nt and fee are subn | nitted for filing. | |
| Please return all correspondence concerning this matter to the | e following: | | |
| Frank Angerame | | | |
| (Name of person) | m in the second section of the section of the second section of the section of the second section of the sectio | , | - au |
| CyberCare, Inc. | | ه مساد دست عشم کست | سسة اسسة السباء الأسان . سبس |
| (Name of firm/company) | , pui | 000755 -09/06/02- *****35.0 | |
| 2500 Quantum Lakes Drive, Ste. 1000 | | | |
| (Address) | | | |
| Boynton Beach, FL 33426 | <u>.</u> | e e | |
| (City/state and zip code) | | | |
| For further information concerning this matter, please call: | | | ٠ |
| Frank Angerame at (561) | 742–5000 | .* | |
| (Name of person) (Area code & | & daytime telephone | number) | • • |
| T 1 1 00000 1 1 1 1 1 1 1 7 7 | | | |

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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SECRETARY OF STATE
SECRETARY OF STATE

CR2E045(07/02)

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

| | ne provisions of sections 607.0502, of change is submitted for a corpor in order to change its regi | ation organi | zed under the la | vs of the S | State of | |
|---|---|---|---|--|----------------------|-------------|
| of Florida. | in order to change, its regu | siereu ojjice | or registereu ug | gent, or Di | om, m me | Diale |
| | f the corporation: MIOA ACQUIST | TION COMPA | ANY II, INC. | | | |
| 2. The principa | al office address: 2500 Quant | tum Lakes | Drive, Ste. | 1000 | | ٠ |
| | Boynton Be | each, FL | 33426 - | | | |
| 3. The mailing | address (if different): | | | | | |
| 4. Date of inco | prporation/qualification:12/26 | /97 | Document num | ber: <u>P9</u> | 70001082 | 41 |
| | nd street address of the current regis artment of State: | stered agent : | and registered of | fice on fil | e with the | |
| | Rodger L. Ho | ochman | | | | |
| | 2500 Quantum | n Läkes Dr | ive, Ste. 10 | 00 | | |
| | Boynton Beac | ch, FL 334 | 26 | | | |
| 6. The name a changed): | and street address of the new regis | _ | (if changed) and | f /or regi | stered offic | ce (if |
| | | n_Lakes Dr mailbox NOT acc | ive, Ste. 10 ceptable) 3426 | | · | - |
| The street addragent, as chang | ress of its registered office and the ged will be identical. | street addre | ss of the busines | s office o | f its regist | ered |
| Such change wauthorized by t | vas authorized by resolution duly a the board, or the corporation has be | | | | | so |
| | er, chairman or vice chairman of the board) | | ADELSON P (Printed or typed name | | <u>0 j</u> | • |
| I further agree performance o registered agei | nt the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with nt. Or, if this document is being fi I hereby confirm that the corpora | ill statutes ri 1 and accept led merelv t | elative to the pro the obligation o o reflect a chang | pper and c f my posi se in the r | tion as egistered | |
| Fran | ek Augerania | | exect 2 | 0,2 | 12 K2 2 | |
| (i If signing on beha | (Signature of Registered Agent) | · | (Date) | • | | |
| | (Typed or Printed Name) | | (Capacity) | | mo. | |
| | * * * FILING | FEE: \$35.0 | 0 * * * | | LOST. | ė C |
| | MAKE CHECKS PAYABLE TO FLORIDA I DIVISION OF CORPORATIONS, P.O. E | | | | 高語 | ట్ల |