2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000002665

FILED Jan 14, 2003 Secretary of State

Entity Name: BARON HEALTH CARE SERVICES OF AMERICA, INC.

| Current Principal Place of Business: | New Principal Place of Business: |
|---|---|
| 4401 N DIXI HWY BOCA RATON, FL 33431 | 4401 N DIXIE HWY BOCA RATON, FL 33431 |
| Current Mailing Address: | New Mailing Address: |
| 4401 N DIXI HWY BOCA RATON, FL 33431 | 4401 N DIXIE HWY BOCA RATON, FL 33431 |
| FEI Number: 65-0803396 FEI Number Applied For () FEI N | umber Not Applicable () Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| ROSEFF, KEVIN 4401 N DIXIE HWY BOCA RATON, FL 33431 US | |
| The above named entity submits this statement for the purpose in the State of Florida. | of changing its registered office or registered agent, or both, |
| SIGNATURE: | |
| Electronic Signature of Registered Agent | Date |
| Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |
| Title: D () Delete Name: ROSEFF, KEVIN Address: 4401 N DIXIE HWY City-St-Zip: BOCA RATON, FL 33431 | Title: () Change () Addition Name: Address: City-St-Zip: |
| | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN ROSEFF PRES 01/14/2003