76/18/

HEALTH QUEST.



GROUP

315 West Jetterson Bouleverd South Bend, Indiana 46601-1588 219-238-4000 FAX: 219-232-5123

April 4, 1997

000002136030--0 -04/08/97--01044--006 ******35.00 *****35.00

Secretary of State Corporations Division P.O. Box 6327 Tallahassee, FL 32314

Re: Lake Pointe Woods, Inc. Change of registered agent

Dear Sir/Madam:

Enclosed please find our check in the amount of \$35.00 to cover the cost of filing the enclosed statement to change the name of the registered agent for Lake Pointe Woods, Inc.

Please file-mark the original and the enclosed copy and return the file-marked copy to me at the address listed above.

If you have any questions, please contact this office.

Sincerely,

Rita A. Wrobel Legal Department

Enc.

rw

97 APR -8 AM 99.55

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

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

-		ns 607.0502, 617.0502, nder the laws of the Stat	. <i>607.1508, or 617.1508, Florid</i> _{Pe of} Florida	a Statutes, the
submits the follo	wing statement in o	rder to change its regist	tered office or registered agent,	or both, in the
State of Florida.				
1. The name of the	he corporation is:	Lake Pointe Woods	, Inc.	
2. The mailing ac		ation is: 315 W. Jef	ferson Blyd., South Bend.	IN
3. Date of incorp4. The name and	oration/qualification address of the curre	: 12/21/1981 ent registered agent and	Document number: Charte	<u>er #761181</u>
	Thomas k	Kelly	<u> </u>	므
		Tamiami Trail		SECRETY VISION IV 97 APR
	Sarasota	, FL 34231	<u> </u>	PR 超
5. The name and	address of the new	registered agent and off	ice: (P.O. Box Not Acceptable)	8
	Michael	J. Glazer		를 보고 있는 명 (전)
	227 S. (Calhoun St.		55 55
	Tallahas	ssee, FL 32301		rig.
The street addre	ess of its registered o	ffice and the street addr	ess of the business office of its r	egistered
Such change wa authorized by th	s authorized by reso e board.	lution duly adopted by i	ts board of directors or by an of	ficer so
	t Ford		February 21, 1997	
(Signature of an off	icer, chairman or vice ch	airman of the board)	(Date)	
G. Bu	rt Ford, Secreta	(Printed or typed name	and title)	
Having been na I hereby accept comply with the and I am famili	med as registered as the appointment as previsjons of all sta of with and accept to		ce of process for the above state ree to act in this capacity. I fur per and complete performance ition as registered agent.	ed corporation, ther agree to of my duties,
//hlx	TRegistered Agent)		3-4-97 (Date)	
_	ehalf of an entity:			
-	el J. Glazer			
	r Printed Name)		(Capacity)	
CR2E045(1/95)			FILING 1	FEE: \$35.00