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Requester's Name

LINDA M. SMITH

ATTORNEY AT LAW POST OFFICE BOX 546702 BAL HARBOUR, FLORIDA 33154 3**00004**789273---9 -01/22/02--01100--025 ******70.00 ******35.00

Office Use Only

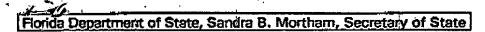
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.				
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(0	Corporation Name)	(Document #)		
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NEW FILINGS	<u> </u>	<u>AMENDMENTS</u>		
Profit Not for Profit Limited Lia Domesticati Other	bility	Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger	A., Officer/Director red Agent rawal	
OTHER FILIN	GS	REGISTRATION/QU	JALIFICATION	
Annual Rep Fictitious N		Foreign Limited Partnershi Reinstatement Trademark Other	p	- - V

CR2E031(7/97)

FOWN JAN 2 4 2002

Examiner's Initials



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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

a. The name of the corporation is: _CLINICAL SOCIAL WORK	
	NDA M. SMITH, ESQ. Biscayne Blvd., Suite 503
Miami,	Florida 33181
c. Date of incorporation:, 03/19/1987Docume	
The name and address of the current registered agent a	200 PROPERTY OF STATE
LINDA M. SMITH, ESQ.	PALL RECORD
11900 Biscayne Blvd., Suite	200
Miami, Florida 33181	SSE P
The name and address of the new registered agent and of	Fig. 19 Roly Not Generally 19 19
LINDA M. SMITH, ESQ.	THOUSE IN THE PROPERTY OF THE
11900 Biscayne Blvd., Suite 50	7
Miami Florida 33181	·
he street address of its registered office and the street a gistered agent, as changed, will be identical. uch change was authorized by resolution duly adopted by it authorized by the board.	ts board of directors or by an office
(Signature of an officer, chairman or vice chairman of the board)	12/07/01 (Date)
PENNY FRIEDMAN. SEC. (Printed or typed name and title) aving been named as registered agent and to accept sen proporation, I hereby accept the appointmentas registered agent and to accept sen further agree to comply with the provisions of all statutes printed agent and accept agent and accept sensitive agent.	·
gistered agent.	ept the obligation of my position as
Juda Monuel	12/07/01
(Signature of Registered Agent)	(Date)
signing on behalf of an entity:	
	<i>t</i>
(Typed or Printed Name)	(Capacity)

FILING FEE: \$35.00

CR2E045(11/94)