

N38657

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC.
(Name of corporation)

DOCUMENT NUMBER: N-38657

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOLETTE ANTOINE
(Name of person)

HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC.
(Name of firm/company)

1305 N.W. 203 STREET
(Address)

MIAMI, FL 33169
(City/state and zip code)

200008125192--6
-10/01/02--01029--003
*****35.00 *****35.00

For further information concerning this matter, please call:

GARY ALEXANDER, CPA at (954) 916-2737
(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

02 OCT - 1 PM 4:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E045(07/02)

R.A. change

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**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,
this statement of change is submitted for a corporation organized under the laws of the State of
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC.
2. The principal office address: 11629 NW 7TH AVENUE
MIAMI, FL 33168, USA
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/15/90 Document number: N 38657
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

YOLENE ANTOINE
1305 N.W. 203 STREET
MIAMI, FL 33169

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

GARY ALEXANDER, CPA
8901 PETERS ROAD, SUITE 1000
(P.O. Box or personal mailbox NOT acceptable)
PLANTATION, FL 33324

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

(X) Lisa Antoinette Chaplesky
(Signature of an officer, chairman or vice chairman of the board)

(X) Lisa Antoinette Chaplesky, SD
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.

(X) Gary Alexander
(Signature of Registered Agent)

(X) 9/12/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

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