

P94000014140

COVER LETTER

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

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-08/28/00--01071--008
*****35.00 *****35.00

SUBJECT: CHANGE OF REGISTERED AGENT

Enclosed are the Statement of change of Registered Agent for 143
HOME HEALTH INC (P94000014140) and a check for \$35.00 for the
Filing fees.

FROM: BLANCA ZOE PADRON
3100 N.W. 72 AVE. SUITE 125
MIAMI FL 33122

TELEPHONE: (305) 269-9696

FILED

00 AUG 28 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CM
P94000014140
2-28-00
RM
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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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: 143 HOME HEALTH INC
2. The mailing address of the corporation is: 3100 N.W. 72 AVE. SUITE 125
MIAMI FL 33122
3. Date of incorporation/qualification: 2/21/94 Document number: P94000014140
4. The name and address of the current registered agent and office:

JUDITH ABRAHANTES

3100 NW 72 AVE SUITE 125

MIAMI FL 33122

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)


BLANCA ZOE PADRON

3100 NW 72 AVE SUITE 125

MIAMI FL 33122

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.


(Signature of an officer, chairman or vice chairman of the board)

8/18/00
(Date)

BLANCA ZOE PADRON PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.


(Signature of Registered Agent)

8/18/00
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA