FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED
AND
FILED

95 MAR -7 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030705 (5)

1. L & I HEALTH CARE, INC.

1850 SW 8TH ST.
SUITE 34E
MIAMI FL 33135

1850 SW 8TH ST.
SUITE 34E
MIAMI FL 33135

3. 04/21/1994

3a. 04/21/1994

4. 65-0476969

5. [ ] $8.75 Additional Fee Required

6. [ ] $5.00 May Be Added to Fees

8. This corporation has/will be/intangible to under S. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

RODRIGUEZ, LILIA J
1850 SW 8TH ST.
SUITE 34E
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

DP
RODRIGUEZ, LILIA J
1850 SW 8TH ST., SUITE 34E
MIAMI FL 33135

DV
HOYOS, INES
1850 SW 8TH ST., SUITE 34E
MIAMI FL 33135

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE [ ] Change [ ] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE [ ] Change [ ] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE [ ] Change [ ] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE [ ] Change [ ] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE [ ] Change [ ] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

14. [illegible]

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR INCORPORATION

0142674 CP