

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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1995



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DOCUMENT # P94000030705 (5)

L & I HEALTH CARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name 1850 SW 8TH ST. SUITE 34E MIAMI FL 33135		2a. Mailing Address 1850 SW 8TH ST. SUITE 34E MIAMI FL 33135		3. Date of Incorporation 04/21/1994		3a. Date of Last Report 04/21/1994	
2. Principal Office 21		2b. Mailing Office 26		4. Filing Number 65-0476969		Applied For Not Applicable	
2c. State Agent 22		2d. State Agent 27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
2e. State 23		2f. State 28		6. Financial Reporting Requirement Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
2g. City 24		2h. City 29		2i. County 30		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ 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 607.0507 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office in a registered report, 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 607.0506, Florida Statutes.							
SIGNATURE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME DP RODRIGUEZ, LILIA J 1850 SW 8TH ST., SUITE 34E MIAMI FL 33135				1. TITLE ☐ Change ☐ Addition			
NAME DV HOYOS, INES 1850 SW 8TH ST., SUITE 34E MIAMI FL 33135				12 NAME ☐ Change ☐ Addition			
NAME				13 STREET ADDRESS			
NAME				14 CITY ST. ZIP			
NAME				21 TITLE ☐ Change ☐ Addition			
NAME				22 NAME			
NAME				23 STREET ADDRESS			
NAME				24 CITY ST. ZIP			
NAME				31 TITLE ☐ Change ☐ Addition			
NAME				32 NAME			
NAME				33 STREET ADDRESS			
NAME				34 CITY ST. ZIP			
NAME				41 TITLE ☐ Change ☐ Addition			
NAME				42 NAME			
NAME				43 STREET ADDRESS			
NAME				44 CITY ST. ZIP			
NAME				51 TITLE ☐ Change ☐ Addition			
NAME				52 NAME			
NAME				53 STREET ADDRESS			
NAME				54 CITY ST. ZIP			
NAME				61 TITLE ☐ Change ☐ Addition			
NAME				62 NAME			
NAME				63 STREET ADDRESS			
NAME				64 CITY ST. ZIP			
14. I, the undersigned, certify that the information supplied in this report is true and correct, and that I am a duly qualified and duly authorized officer or director of the corporation, and that I am familiar with and accept the obligations of, Section 607.0506, Florida Statutes, and that my name is on the list of officers and directors of the corporation.							
SIGNATURE: <i>Lilia J. Rodriguez</i> PRINT NAME AND TYPE OF POSITION OF NOTARY OFFICER (OPTIONAL)							