P 95 0 0 0 0 87 3 64 Brown & Fortunato, p.c.

Attorneys and Counselors at Law 905 S. FILLMORE, SUITE 400 P.O. BOX 9418 AMARILLO, TX 79105 Telephone 806-345-6300 Facsimile 806-345-6363 Email bf@bf-law.com



SUSAN GRIM (806) 345-6338 sgrim@bf-law.com

October 29, 1999

Florida Division of Corporations P. O. Box 6327 Tallahassee, FL 32314-6327 Re: Health Care Diagnostics, Inc. d/b/a Southwest Home Care

Gentlemen:

Enclosed are the originals and duplicate copies of the Statement of Change of Registered Office and the Application for Registration of Fictitious Name. Please file the originals and return the file-stamped copies in the enclosed return envelope. The \$85 check for filing these documents is also enclosed.

Please contact me if you have any questions.

Very truly yours,

Susan Grim

Certified Legal Assistant

for Darrel J. Scott

Enclosures

cc: William Vanderpool

Darrel J. Scott (w/o encls.)

1-15-99 1-15-99

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersign submits the f the State of F		nder the laws of the S	tate of <u>Florida</u> red office or registered ag	·	-
2. The mailing	g address of the corporation	is: 902 Magnolia	Avenue; Auburndale,	FL 33823-4008	
3. Date of in	corporation/qualification:	11/13/95	Document number: P950	00087364	·
4. The name	and address of the current re	gistered agent and of	ice:		
	William Vanderpoo	1.	-	99	
	333 West Bridgers	Avenua		33 NOV -1	
	Auburndale, FL 33				
5. The name	and address of the new regis	tered agent and office	: (P. O. Box Not Acceptab	ole) 알그	7
	William Vanderpoo.	1			3 1
	902 Magnolia Aven	ŭ \$		8: 58 5: 58	
	Auburndale, FL 33	823-4008	· · · · · · · · · · · · · · · · · · ·		
	dress of its registered office nged, will be identical.				
Such change authorized by	was authorized by resolutio	n duly adopted by its	board of directors or by a	in officer so	
· William	van dernool	simply of the hourds	10-19	-99_	
			(Sato)		
William	(Printed or typed name and			-	• •
Having been corporation, I further agre performance registered ag	named as registered agent if I hereby accept the appoint se to comply with the provis of my duiles, and I am fami		of process for the above sent and agree to act in the lative to the proper and cathe obligation of my posit	stated ils capacity. omplete ion as	
Ulillian	n Vanderpool	William Vanderpo	10-19-99 11 (Pate)		
If signing on be	half of an entity:	111111111 VIIII01 po	President	<u>} </u>	. 5
	(7) has or runned traine)	TT TAKE THE ACT O	on many (contractity		
	· · · · · · · · · · · · · · · · · · ·	FILING FEE: \$35.0	} * ~ *		
CR2E045(7/97)	Division of Corporations	P.O. Box 6327	Tallahassee, FL 32314		