

P96000023271

PHILLIP B. RARICK, P.A.

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May 15, 1998

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

800002528428--4
-05/19/98-01023-005
*****35.00 *****35.00

RE: L. Professional Corp.

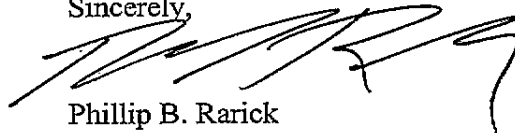
Dear Sir or Madam:

Enclosed please find:

- Change of Registered Agent/office (Original + one copy)
- Check for \$35

Please return a file stamped copy for our records in the stamped, self-addressed envelope.

Sincerely,



Phillip B. Rarick

:
Enclosures

FILED
98 MAY 19 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change
LPT 5-29-98

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

Pursuant to the provisions of section 607.0502 or 607. 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: L. Professional Corp., d/b/a L. Professional Home Care.
2. Date of incorporation: March 14, 1996. Document number: P960000023271
3. The name and address of the current registered agent and office:

Michele Gonzalez
2310 W 74th St. #203
Hialeah, FL 33016

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

Amy D. Brinson
11610 N. Bayshore Dr.; Apt. 2-C
North Miami, FL 33181

The street address of its registered agent 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: *Amy D. Brinson*

DATE: 5-15-98

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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: *Amy D. Brinson*

Amy D. Brinson

DATE: 5-15-98

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TALLAHASSEE, FLORIDA