XL CARE AGENCY, INC. SOUTHWEST 2050 Collier Ave. Suite 200 Ft. Murs, Ft. 23901 Phyne (\$41) \$32,844 Faxt (941) \$32-847

Florida Dept. of State Attn: Carol Mustain P.O. Box 6327 Tallahassee, Fl 32314

100004980531-- 5 -02/21/02--01023--003 *****35.00 *****35.00

Dear Carol:

Enclosed is our "Statement of Change of Registered Agent" for XL Care Agency, Inc. - Southwest and our fee of \$35. Unfortunately, due to communication mix-up with our attorney this information was not previously submitted to your office.

It is our understanding that our corporation has been administratively dissolved due to the lack of filing for a new registered agent. We would appreciate it if you could reinstate our corporation back to active status now that we have submitted the required information. Thank you for your consideration on this matter.

Sincerely,

Douglas Gignac, CFO

Douglas Dingnon

02 MAR - I PM 2: 30

Edward of Septiment of Septimen

AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1. undersigned corporation organized under the laws of the State of	508, or 617.1508, Florida Statutes, the FLORIDA	
submits the following statement in order to change its registered of State of Florida.		
1. The name of the corporation: XL CARE AGENCY, INC.	SOUTHWEST	_
		~
2. The mailing address of the corporation: 2050 COLLIER 2		-
3. Date of incorporation/qualifications of the Alegas		_
 Date of incorporation/qualification: 9/18/1996 De The name and address of the current registered agent and register 	***************************************	-
Intrastate Registered Agent Corp	<u> </u>	÷
701 Birckle Ave., Suite 3000	A SEC	
Miami, FL 33131	AHAR.	
5. The name and address of the new registered agent (if changed) a	177	Hen
Douglas Gignac	FS	Ì
6635 W. Commercial Blvd., Suite	ze 217 ORATE SC	
Tamarac, FL 33319	Έ>	
The street address of its registered office and the street address cagent, as changed, will be identical.	of the business office of its registered	
Such change was authorized by resolution duly adopted by its bauthorized by the board.		
A athlecapores (his	2/15/02	
(Signature of an officer, chairman or give chairman of the board)	(Date)	
Kathleen Danler Lopez, Aesident	<u> </u>	
(Printed or typed name and title)		
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered agen I further agree to comply with the provisions of all statutes related performance of my duties, and I am familiar with and accept the registered agent.	f process for the above stated nt and agree to act in this capacity. tive to the proper and complete se obligation of my position as	
Douglas Dignar	2/15/02	
(Signature of Registered Agent)	(Date)	
if signing on behalf of an entity:		
(Typed of Printed Name)	(Capacity)	
* * * FILING FEE; \$35,00 *	** ***	
TR2E045(8/99)		

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSER, FL 32314