

P99000088533

November 2, 1999

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

700003037067--3
-11/05/99-01097-018
*****35.00 *****35.00

Re: I & D of Miami Inc. P99000088533

Dear Gentleman

Please except this as a cover letter for the forgoing document of Statement of Change of Registered Agent for the corporation named above. Enclosed Please find \$ 35.00 to make the change effective.

Thank you for your time and attention to this matter

Sincerely

Iraida Isabel Santana, M.D.
President

FILED
99 NOV -5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA change

T. LEWIS NOV 15 1999.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of _____
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: I & D of Miami Inc
2. The mailing address of the corporation is: 10866 NW 73 Terr., Miami FL. 33178
3. Date of incorporation/qualification: 10/04/99 Document number: P99000088533
4. The name and address of the current registered agent and office:

Vivian M. Santana

10866 NW 73 Terr

Miami, FL. 33178

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

Dr. Iraida Isabel Santana, M.D.

10866 NW 73 Terr

Miami, FL. 33178

The street address of its registered office 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 of an officer, chairman or vice chairman of the board)

11/04/99
(Date)

Dr. Iraida Isabel Santana, M.D.

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 of Registered Agent)

11/04/99
(Date)

If signing on behalf of an entity:

Dr. Iraida Isabel Santana, M.D.

(Typed or Printed Name)

R/A

(Capacity)

*** FILING FEE: \$35.00 ***