836027

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SECRETARY OF STATE
AND AHASSEE. FLORIO

R.A. Charge C. Coullette APR 2 5 2008



FILING REQUEST

April 16, 2008

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

MEDICAL SERVICES OF AMERICA, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 28675 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

Melissa Hobbs

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

rsuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this attement of change is submitted for a corporation organized under the laws of the State of <u>Virginia</u> in order to change its registered office or registered agent, or both, in the State of Florida.	
The name of the corporation: Medical Services of America, Inc.	
The principal office address: 171 Monroe Lane, Lexington, SC 29072	
The mailing address (if different): P.O. Box 1928, Lexington, SC 29071	
Date of incorporation/qualification: 3/24/1976 Document number: 836027	
The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
CT Corporation System	
1200 S. Pine Island Road	
Plantation, FL 33324)) > omv
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	NO APR 29 AM
NRAI Services, Inc.	# 5
2731 Executive Park Drive, Suite 4	ස ස ස
(P.O. Box NOT acceptable) Weston, FL 33331	•
e street address of its registered office and the street address of the business office of its registered age changed will be identical.	nt,
ch change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board, or the corporation has been notified in writing of the change.	
John D. Keim, Vice President (Printed or typed name and title)	_
ereby accept the appointment as registered agent and agree to act in this capacity. urther agree to comply with the provisions of all statutes relative to the proper and complete performa my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if cument is being filed merely to reflect a change in the registered office address, I hereby confirm that rporation has been notified in writing of this change.	nce this the
Bern 4/16/2008	_
(Signature of Registered Agent) (Date)	
ackie Bernu, Assistant Secretary (Typed or Printed Name)	

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