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Requester's Name

OLAYEMI OSIYEMI, M.D.
Infectious Disease/Internal Medicine
TRIPLE O MEDICAL SERVICES, Inc.
1411 North Flagler Drive, Suite 9000
West Palm Beach, FL 33401

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

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-09/28/00--01069--014
*****35.00 *****35.00

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

R.O. Charge

Examiner's Initials LFJ

CR2E031(7/97)

10-5-2000

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 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: TRIPLE O MEDICAL SERVICES INC

2. The mailing address of the corporation is: 1411 North Flagler drive. Suite 9000 West Palm Beach, FL 33401

3. Date of incorporation/qualification: May 15, 2000 Document number:

4. The name and address of the current registered agent and office:

OLAYEMI OSIYEMI M.D.
1733 village blvd. Apt 112
West Palm Beach, FL 33409

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

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.

Olayemi M.D — 9-26-00
(Signature of an officer, chairman or vice chairman of the board) (Date)

OLAYEMI OSIYEMI M.D. President
(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.

Olayemi M.D — 9-26-00
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
OLAYEMI OSIYEMI M.D.
(Typed or Printed Name) (Capacity)

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

CR2E045(7/97) DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314