

B040000000390

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(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MED ONE CAPITAL FUNDING - FLORIDA, L.P.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** B04000000390

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sophy Keo

(Contact Person)

Charles Baclet and Associates, Inc.

(Firm/Company)

2030 Main Street, Suite 1030

(Address)

Irvine, CA 92614

(City, State and Zip Code)

For further information concerning this matter, please call:

Sophy Keo

(Name of Contact Person)

at ( 800 )

562-6439

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MED ONE CAPITAL FUNDING - FLORIDA, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/03/2004 3. B04000000390  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Sevice, Inc.  
Name  
2731 Executive Park Drive, Suite 4  
Address  
Weston, FL 33331  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.  
Name  
2731 Executive Park Drive, Suite 4  
Florida street address (P.O. Box not acceptable)  
Weston FL 33331  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

John W. Johnson, Jr.  
Signature of General Partner (MED ONE CAPITAL, INC., General Partner)

By John W. Johnson, Jr., Vice-President

*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 obligations of my position as registered agent.*  
NRAI Services, Inc.

by: \_\_\_\_\_  
Signature of Registered Agent (Paul J. Hagan, Assistant Secretary)

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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