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(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:

Marissa Ureno on behalf of Incorp Services, Inc.

(Contact Person)

INCORP SERVICES, INC.

(Firm/Company)

3155 East Patrick Lane, Suite 1

(Address)

Las Vegas, NV 89120-3481

(City, State and Zip Code)

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For further information concerning this matter, please call:

Marissa Ureno on behalf of Incorp Services, Inc. at (702) 866-2500

(Name of Contact Person)

(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

INHS04 (01/06)

**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

Date of filing/registration in Florida

3. B04000000390

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 SEVICES, INC.

Name

2731 EXECUTIVE PARK DRIVE STE 4

Address

WESTON FL 33331 US

City, State and Zip

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

Incorp Services, Inc.

Name

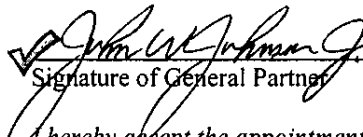
17888 67th Court North

Florida street address (P.O. Box not acceptable)


Loxahatchee FL 33470

City, State and Zip

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

 CFO of Med One Capital, Inc.
Signature of General Partner

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.

 on behalf of Incorp Services, Inc.
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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