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NATIONWIDE REGISTERED AGENT, FILING, RESEARCH AND LIBRARY SERVICES

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January 6, 2010

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Nationwide Medical Equipment, Inc.

Dear Sir/Madam:

For your information, the above company is qualified to do business in your state and we now enclose the necessary documents required to affect Change of Agent to National Corporate Research, Ltd.

In connection with this matter, we ask that you please have it filed in your office upon receipt and return the evidence to this office by means of the self-addressed envelope which we have enclosed for your convenience.

We also enclose our check made payable to your state in payment of filing fees.

Should you have any questions in regard to the above, please do not hesitate to give me a telephone call.

Sincerely,

Kathy Butler Client Service Specialist

KAB ENCLOSURE REGULAR MAIL

E-MAIL: INFO@NATIONALCORP.COM WEB SITE: WWW.NATIONALCORP.COM

$\cdot \cdot \cdot ^{\mathsf{-}}\mathsf{STATEMENT}$ OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| NATIONWIDE MEDICAL EQUIPMENT, INC. 2. The principal office address: 1510 STUART ROAD, SUITE 109 CLEVELAND TN 37312 3. The mailing address (if different): 4. Date of incorporation/qualification: 2/26/2007 Document number: F07000001084 5. The name and street address of the current registered agent and registered office on file with the Fiorida Department of State: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): National Corporate Research, Ltd., Inc. 515 East Park Avenue (P.O. Box NOT accepublic) Tallahassee Florida 32301 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, or the corporation has been notified in writing of the change. (Signature of a officer or director) (Firmed or type name and title) (Signature of a officer or director) (Firmed or type name and title) (Signature of a officer or director) (Firmed or type name and title) (Signature of a officer or director) (Firmed or type name and title) (Signature of a officer or director) (Firmed or type name and title) (Firmed or | 1. The name of the co | rporation: | | | |
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| 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. | (Signatu | re of an afficer or director) | | Printed or typed name | and title) |
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* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314