

F940000000306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MP TotalCare Medical
Name of Corporation

DOCUMENT NUMBER: F94000000306

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

Please return all correspondence concerning this matter to the following:

Steven King
Name of Contact Person

DEGC Enterprises (U.S.), Inc., d/b/a CCS Medical
Firm/Company

P.O. Box 17741
Address

Clearwater, Florida 33762
City/State and Zip Code

ccsmed.licensing@ccsmed.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven King at (727) 507-2754
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MP TotalCare Medical, Inc.
2. The principal office address: 2105 Newpoint Place, Suite 600, Lawrenceville, GA 30043
3. The mailing address (if different): P.O. Box 17741, Clearwater, Florida 33762
4. Date of incorporation/qualification: 01/21/1994 Document number: F94000000306
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

T. Cole Peterson - resigned

14255 49th Street North, Suite 301

Clearwater, Florida 33762

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Natarsha D. Nesbitt

14255 49th Street North, Suite 301

P.O. Box NOT acceptable

Clearwater, Florida 33762

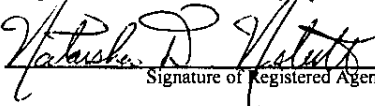
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

Stephen M. Saft - Chief Financial Officer
Printed or typed name and title

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.


Signature of Registered Agent

10 October 2009
Date

If signing on behalf of an entity:

Natarsha D. Nesbitt
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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