

F95000002630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

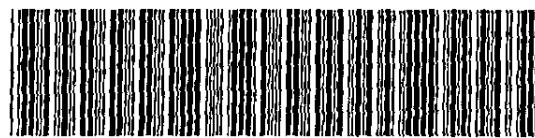
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ **Certificates of Status** _____

Special Instructions to Filing Officer:



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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Western Professional Associates, Inc.

(Name of corporation)

DOCUMENT NUMBER: F95000002630

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:

Suzanne T. Cryan

(Name of person)

Bay State Corporate Services, Inc.

(Name of firm/company)

6 Beacon Street, Suite 425

(Address)

Boston, MA 02108

(City/state and zip code)

For further information concerning this matter, please call:

Suzanne T. Cryan

(Name of person)

at (617) 742-8484

(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
409 E. Gaines Street
Tallahassee, FL 32399

Bay State Corporate Services, Inc.
Six Beacon Street, Ste. 425
Boston, MA 02108
(617) 742-8484 Fax: (617) 742-8482

January 4, 2005

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS.

Subject name(s):

WESTERN PROFESSIONAL ASSOCIATES, INC.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Upon completion, please return the evidence to our office by:

REGULAR MAIL, a self-addressed, stamped envelope is enclosed

Thank you in advance for your assistance.

Sincerely,

Jessica Lappin

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 Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Western Professional Associates, Inc.

2. The principal office address: 5020 West 15th Street, Suite C
Lawrence, KS 66049

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/31/1995 Document number: F95000002630

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T 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):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 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.

S. T. Cryan

(Signature of an officer or director)

Brian Moline, President

(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.

NRAI Services, Inc.

by:

Suzanne T. Cryan

(Signature of Registered Agent)

12/9/04

(Date)

If signing on behalf of an entity:

Suzanne T. Cryan
(Typed or Printed Name)

Assistant Secretary
(Capacity)

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

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