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OFFICE USE ONLY(DOCUMENT_#) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) *****35.00 *****35.00 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Certificate of Status Mail out Will wait Photocopy AMENUMENTS NEW FILINGS Amendment Prolit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign G. Coulliste JAN 2 3 2002 Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Evaminer's Initials

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State ofsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: CONDOR MEDICAL Zoupment Juc
1b. The mailing address of the corporation is: 5001 5W 74 ^{TI} + 106 Mami Florida 33155
1c. Date of incorporation: 2/24/00 Document number: P000000 19340 2. The name and address of the current registered agent and office: 5001 Sw 74th + 106
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) HYMPE PARGA 5001 SW 74 4 106
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.
(Signature of an officer, chairman or vice chairman of the board) (Date) (Printed or typed name and title)
daving been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointmentas registered agent and agree to actin this capacity. Further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as
(Signature of Registered Agent) (Date)

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