MSM

Medical Support Management, Inc.

PO Box 266654 ~ Weston, FL 33326 Phone 954-385-9881

Spterber 2 2000 CO 2 4 CO

Florida Division of Corporations PO Box 6327 Tallahassee, FL 32314

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To The Division of Corporations,

In my original Articles of Incorporation, dated March 8, 2000, Article VI on page two stated the initial director as Michael Zoldan, D.O.

Please remove my D.O. title from my name and have the initial director identity solely as Michael Zoldan.

Enclosed is a Statement of Change form requesting change of address for mailings and the Registered Agent.

Sincerely,

Michael Zoldan, President MSM, Inc.

00 OCT -5 PM 6: 08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA. Change

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 of
submits the following statement in order to change its registered office or registered agent, or some statement
the State of Florida. 1. The name of the corporation: Medical Support Management The
1. The name of the corporation: 1/1CCCCA: Corporation of the corporati
2 The mailing address of the corporation: 10031 Pines Blvd, #105
2. 110 munimy www. 122 42 1
3. Date of incorporation/qualification: 3/8/2000 Document number: POOO OCO 24001
4. The name and address of the current registered agent and office:
Filings Inc.
Filings, Inc. 3732 NW 16th Street
Ft. Laudordale Fz 33311-4132
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Michael Zoldan - New agent - New mailing office
4939 Sherdon Street - New mailing office
Hallward Fi 33021
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
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 rice chairman of the board) (Date)
Michael Zoldan President MSM, Inc. (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, Thereby 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 I further agree to comply with the provisions of all statutes relative to the proper and complete
corporation, Thereby accept the appointment as registered agent that agree to do and complete I further agree to comply with the provisions of all states relative to the proper and complete I further agree to comply with the provisions of all states relative to the proper and complete
I further agree to comply with the provisions of the statutes returned to the performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
11/1/01/01/000
(Signapore of Registered Agent) (Date)
· If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(9/00) P.O. BOX 6327 TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS