

PO0000025515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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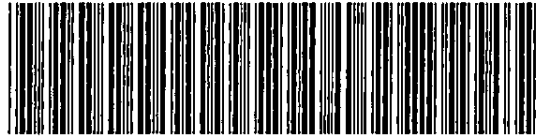
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: N.D.X. Inc. of Pembroke Pines
(Name of Corporation)

DOCUMENT NUMBER: 651004423 P00000025515

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:

Doris Savel
(Name of Contact Person)

N.D.X. Inc. of Pembroke Pines
(Firm/Company)

4400 King Palm Drive
(Address)

Tamarac, FL 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

Doris Savel at 954, 486 6506
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: N.D.X., Inc. of Pembroke Pines
2. The principal office address: 4400 King Palm Drive,
Tamarac, Florida 33319
3. The mailing address (if different): _____
3/10/2000 651004423
4. Date of incorporation/qualification: 3/11/97 Document number: 650775385
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: P000000
25515

Doris Savel
2612 Sawgrass Mills Circle, Ste 1511
Sunrise, FL 33323

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

Doris Savel
4400 King Palm Drive
(P.O. Box NOT acceptable)
Tamarac, FL 33319

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

X Doris Savel
(Signature of an officer or director)

Doris Savel, 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.

X Doris Savel
(Signature of Registered Agent)

4/5/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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