P00000049678

Dear Ms Lewis,

Thank You so very much for helping me Correct the error on the internet.

The address was Changed Correctly but not the name.

600007056776--7
-08/12/02--01050--029
*****35.00 *****35.00

It should read -

BARBARA GLUCK, PRESIDENT
13757 N.W. 20 ST.
PEMBROKE PINES, FL. 33028

Enclosed is the check for $35 as per your request to be applied to -

MEDICAL SURGICAL SERVICE PROVIDERS
DOCUMENT # P00000049678

Many thanks again,

Barbara Gluck

FILED
02 AUG 12 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
T. Lewis 8/12/02

FILED
02 AUG 12 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 both, in the State of Florida.

1. The name of the corporation: MEDICAL SURGICAL SERVICE PROVIDERS, INC

2. The mailing address of the corporation: 13757 NW 20TH ST.
PEMBROKE PINES FL. 33028

3. Date of incorporation/qualification: MAY 19, 2000 Document number: P00000049678

4. The name and address of the current registered agent and registered office:
Harriet Gelbard
6064 Waldwick Circle
Delray Beach, FL 33484

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
BARBARA GLUCK
13757 NW 20th St
Pembroke Pines FL. 33028

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.

x Barbara Gluck 8-9-02
(Signature of an officer, chairman or vice chairman of the board) (Date)

BARBARA GLUCK PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

x Barbara Gluck 8-9-02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
BARBARA GLUCK, PRESIDENT
(Typed or Printed Name) (Capacity)

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

CR2E045(1/99) DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314