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Law Offices
Freedman & Michaels
PROFESSIONAL ASSOCIATION

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August 28, 2000

Division of Corporations
Department of State
P.O. Box 5588
Tallahassee, Florida 32314

800003377708--9
-08/30/00--01052--002
*****35.00 *****35.00

Re: Healthcare Corporate Solutions, Inc.

Gentlemen:

Enclosed please find for filing a Statement of Change of Registered Office and Registered Agent for Healthcare Corporate Solutions, Inc. Also enclosed is this firm's check in the amount of \$35.00 representing the filing fee.

Thank you for your assistance in this matter.

Yours very truly,

Michael J. Freedman
MICHAEL J. FREEDMAN

MJF:sms

Enclosures

cc: Mr. Carl Wallman

FILED
00 AUG 30 PM 6:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

R.A. Change

T BROWN SEP 11 2000

**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 Florida
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 is: HEALTHCARE CORPORATE SOLUTIONS, INC.
2. The mailing address of the corporation is: 400 North Tampa Street, Site 2525, Tampa, FL 33602
3. Date of incorporation/qualification: June 30, 2000 Document number: P00000065442
4. The name and address of the current registered agent and office:

Michael J. Freedman
400 North Tampa Street, Suite 2525
Tampa, Florida 33602

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Carl Wallman
315 Bougainvillea
Marathon, Florida 33050

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.

Carl Wallman
(Signature of an officer, chairman or vice chairman of the board)

8/21/2000
(Date)

Carl Wallman, 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.*

Carl Wallman
(Signature of Registered Agent)
Carl Wallman

8/21/2000
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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