## P01000006397

Dire	ct-Medical Solutions, I	ñС.	
73	Alamo Street		
Carlo Bi			
Des	Hin, Fl 32550		

Office Use Only		
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	
(Corporation Name)	(Document #)	
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☐ Walk in ☐ Pick up time _	Certified Copy	
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NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other  FEB 2 1 2001	
	Evaminar's Initials	

CR2E031(7/97)

## 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 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: 2. The mailing address of the corporation: Document number: Poloooo 6397 3. Date of incorporation/qualification: 4. The name and address of the current registered agent and registered office: stered agent (if changed) and /or registered office (if changed) The name and address New 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) 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. If signing on behalf of an entity:

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

(Typed or Printed Name)