PO1000017479

(Requestor's Name)			
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From: Dermal Screening Centers, Inc (813)908-7585 3820 Gunn Highway Tampa, FL, 33624			
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TRANSMITTAL LETTER

TO: Amendment Sections

Division of Corporation

SUBJECT:

Dermal ScreeningCenters, Inc.

(Name of Corporation)

DOCUMENT NUMBER:

P01000017479

The enclosed Statement of Change of Registered Office / Agent and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Herbert L. Ferrell, President

(Name of Person)

Dermal Screening Centers, Inc.

(Name of Company)

3820 Gunn Highway

(Address)

Tampa, Florida 33624

(City, State, and Zip Code)

For further information concerning this matter, please call:

Becky A. Ferrell, Sr. Vice President

(813) 908-7585

(Name and title of Person)

(Area Code & daytime phone 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, Florida 32314

Street Address:

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

CR2E045(07/02)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 607.1508, or 617.1508, Florida Statutes, this statement of changes 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:	Dermal Screening Centers, Inc.	and the second second
2. The principle office address:	3820 Gunn Highway Tampa, Florida 33624	ing the second s
3. The mailing address (if different):		
4. Date of incorporation / qualification:	February 16, 2001	Document Number: P01000017479
5. The name and street address of the coof State:	arrent registered agent and the registered	office on file with the Florida Department
	SPIEGEL & UTRERA, PA 343 ALMERIA AVENUE CORAL GABLES, FLORIDA 3313	<u>.</u>
6. The name and street address of the n	ew registered agent (if changed) and/or r	egistered office (if changed):
	ANTHONE DAMIANAKIS, PA 111 McMULLEN BOOTH ROAD CLEARWATER, FLORIDA 33759	
The street address of its registered offi will be identical.	ce and the street address of the business	office of its registered agent, as changed
Such changes was authorized by resolution has been notified board, or the corporation has been notified by the corporation by the corporation has been notified by the corporation by the corporation has been notified by the corporation by the corpora	ution duly adopted by its board of directified in writing of the change.	tors or by an officer so authorized by the
(Signature of an officer, chairman or vice chairman)	HERBERT L. (Printed or typed nar	FERRELL, PRESIDENT ne and title)
provisions of all statutes relative to the the obligation of my position as regist	proper and complete performance of my	pacity. I further agree to comply with the duties, and I am familiar with and accept a filed merely to reflect a change in the I in writing of this change.
(Signature of Registered Agent) Anthone D	paminuckis Esq. (Date)	
If signing on behalf of an entity:	1- O	03 APR -
(Typed or printed name)	(Capacity)	OF ST
	FH INC PPF- \$25.00	

Make checks payable to <u>Florida Departments of State</u> and mail to: Division of Corporation, P.O. Box 6327, Tallahassee, Florida 32314