

P020000049158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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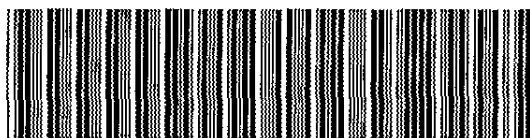
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

11/22/02
RA/RO Change
SP

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADENA MEDICAL SERVICES, INC.
(Name of corporation)

DOCUMENT NUMBER: P02000049158

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:

Bjorn Dimberg
(Name of person)

Adena Medical Services, Inc.
(Name of firm/company)

7825 S Hwy. A1A
(Address)

Melbourne Beach, FL 32951
(City/state and zip code)

For further information concerning this matter, please call:

Bjorn Dimberg at (321) 729-6083
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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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, 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: Adena Medical Services, Inc.
2. The principal office address: 7825 S. Hwy A1A
Melbourne Beach, FL 32951
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 5/3/02 Document number: P02000049158
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

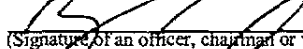
Adena Dimberg
14107 N Miller Dr.
Palm Beach Gardens, FL 33410

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

Bjorn Dimberg
7825 S Hwy. A1A
(P.O. Box or personal mailbox NOT acceptable)
Melbourne Beach, FL 32951

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 authorized by the board, or the corporation has been notified in writing of the change.


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

Bjorn Dimberg, 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.


(Signature of Registered Agent)

11/16/02
(Date)

If signing on behalf of an entity:

Bjorn Dimberg
(Typed or Printed Name)

registered agent
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA