P02000083142

(Requestor's Name)

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Law Offices CASORIA & GOFF, P.A.
Cy Casoria & Charles A. Goff 954-564-4600

Sam Caliendo: Of Counsel 954-418-8711

October 24, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Emergency Medical Sciences Academy, Inc.

Dear Sir:

We are in receipt of your letter to City College, dated October 4, 2006, regarding the above corporation. Enclosed herewith please find an original and one copy of the Statement of Change of Registered Office or Registered Agent or both for Corporations signed by the new Registered Agent, which we would appreciate your filing.

Thank you for your kind cooperation.

Very truly yours,

Charles A. Goff

Charles A. Goff

CAG/ses
Encls.

Suite 600, Bayview Building • 1040 Bayview Drive • Fort Lauderdale, Florida 33304 • Voice: (954) 564-4600 • Fax: (954) 564-9634
E-Mail: Cy Casoria - casogoff1@aol.com • Charles A. Goff - casogoff3@aol.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Emergency Medical Sciences Academy, Inc dba EMS Academy
(Name of Corporation)

DOCUMENT NUMBER: P02000083142

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:

C. M. Fike, President
(Name of Contact Person)

City College
(Firm/Company)

2000 W. Commercial Boulevard, Suite 200,
(Address)

Fort Lauderdale, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

C. M. Fike at (954) 492-5353
(Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Emergency Medical Sciences Academy, Inc.
2. The principal office address: 2000 W. Commercial Boulevard, Suite 200
   Fort Lauderdale, FL 33309
3. The mailing address (if different):
4. Date of incorporation/qualification: July 31, 2002 Document number: P02000083142
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   CORPORATE CREATIONS NETWORK INC
   941 FOURTH STREET
   MIAMI BEACH FL 33139

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): S.M. CASORIA, III, ESQ.
   Casoria & Goff, P. A.
   1040 Bayview Drive, Suite 600
   (P.O. Box NOT acceptable)
   Fort Lauderdale, FL 33309

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TALLAHASSEE, FLORIDA

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

(Signature of an officer or director) C. M. Fike II, 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) 10/24/06
(Date)

If signing on behalf of an entity:

S.M. CASORIA, III, ESQ.
(Typed or Printed Name)

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

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

CR2E045 (8/05)