

PD2000083142

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TALLAHASSEE, FLORIDA

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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

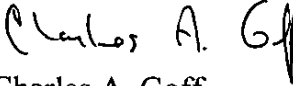
**Re: Emergency Medical Sciences Academy, Inc.**

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

CAG/ses  
Encls.

*[Faint, illegible text, likely a carbon copy or bleed-through from the reverse side of the page.]*

## 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

(Name of Contact Person)

at ( 954 ) 492-5353

(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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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]  
(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, 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]  
(Signature of Registered Agent)

10/24/06  
(Date)

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)