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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE
SHOWTIME MEDICAL SUPPLY CORP.

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 23, 2004

SHOWTIME MEDICAL SUPPLY CORP.
2723 NW 100 ST
MIAMI, FL 33175SUBJECT: SHOWTIME MEDICAL SUPPLY CORP.
REF: P02000106700

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

THE WORD "SHOWTIME" IN THE CORPORATE NAME IS ONE WORD NOT TWO. PLEASE CORRECT.

ACCORDING TO OUR RECORDS THE ADDRESS FOR THE CURRENT REGISTERED AGENT IS 420 N.W. 40 CT., MIAMI, FL 33126. PLEASE CORRECT SECTION #5 OF THE DOCUMENT WITH THIS INFORMATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document SpecialistFAX Aud. #: H04000232996
Letter Number: 704A00066423

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, or 617.1503, 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: SHOWTIME MEDICAL SUPPLY CORP.
2. The principal office address: 2723 NW 100 Street
Miami, Florida 33175
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-03-2002 Document number: P02000106700
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Felix Valladares
420 NW 40 CT
MIAMI FL 33126

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

Sandra Lazaro
2723 NW 100 Street
(P.O. Box NOT acceptable)
Miami, Florida 33175

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) Sandra Lazaro, 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) 11/19/04
(Date)

If signing on behalf of an entity:

Sandra Lazaro
(Typed or Printed Name)

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

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