

90300007247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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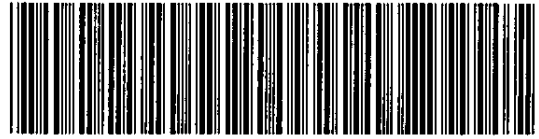
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cash 6/16/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Consulting Docs, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000007247

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:

Jeff Cohen, Esq.
Name of Contact Person

The Florida Healthcare Law Firm
Firm/Company

909 S.E. 5th Avenue, Suite 200
Address

Delray Beach, FL 33483
City/State and Zip Code

jcohen@floridahealthcarelawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Lisi at (561) 455-7700
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: Consulting Docs, Inc.
2. The principal office address: 5499 N. Federal Highway, Suite #L-2, Boca Raton, FL 33487
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/21/03 Document number: P03000007247
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jodi Laurence, Esq.

7805 SW 6th Court

Plantation, FL 33324

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

Jeff Cohen, Esq.

909 S.E. 5th Avenue, Suite 200

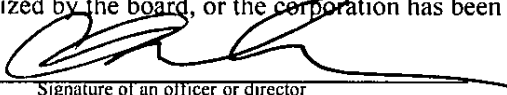
P.O. Box NOT acceptable

Delray Beach, FL 33483

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SECRETARY OF STATE
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

Charles Robertson, 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

6/8/09
Date

If signing on behalf of an entity:

Jeff Cohen 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