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LAW OFFICES  
**ROBERTO M. URETA**  
PROFESSIONAL ASSOCIATION

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2333 PONCE DE LEON BOULEVARD  
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 774-1133  
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**April 25, 2005**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Reliance Medical Wholesale, Inc.**  
**Document No.: P03000008900**  
**My File No.: 3019-0000**

To Whom It May Concern:


Enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Corporations for filing in connection with the above-referenced corporation. Also enclosed is a check made payable to Florida Department of State in the amount of \$35.00 representing the filing fee in connection with the enclosed documents.

Additionally, I am resubmitting herewith the 2005 Annual Report for Reliance Medical Wholesale, Inc., signed by an officer of the corporation.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,

ROBERTO M. URETA, P.A.



Roberto M. Ureta  
For the Firm

RMU/mpi  
Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Reliance Medical Wholesale, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P03000008900

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:

Roberto M. Ureta, Esq.  
(Name of contact person)

Roberto M. Ureta, P.A.  
(Firm/Company)

2333 Ponce de Leon Boulevard, Suite 302  
(Address)

Coral Gables, Florida 33134  
(City/state and zip code)

For further information concerning this matter, please call:

Roberto M. Ureta, Esq. at ( 305 ) 774-1133  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: Reliance Medical Wholesale, Inc.
2. The principal office address: 7175 S.W. 47th Street, #208, Miami, Florida 33155
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 1/24/03 Document number: P03000008900

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Spiegel & Utrera, P.A.

1840 S.W. 22nd Street, 4th Floor

Miami, Florida 33145

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

John E. Hughes, III, Esq., McLuskey + McDonald, P.A.

The Barrister Building, 8821 S.W. 69th Court

(P.O. Box NOT acceptable)

Miami, Florida 33156

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)

Pamela W. Navarro

(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)

(Date)

If signing on behalf of an entity:

(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

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