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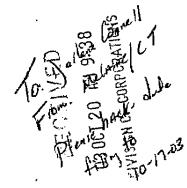
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REGISTERED AGENT CHANGE

ACCESS HEALTHCARE OF OCOEE, INC



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 20, 2003

ACCESS HEALTHCARE OF OCOEE, INC 10125 WEST COLONIAL DRIVE SUITE 114 OCOEE, FL 34761

SUBJECT: ACCESS HEALTHCARE OF OCCEE, INC

REF: P03000083962

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.

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Darlene Connell Document Specialist FAX Aud. #: H03000299096 Letter Number: 703A00056944

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. If change is submitted for a corporation organized under the laws of the State of Norths.	his statement ofin order
to change its registered affice or registered agent, or both, in the State of Florida.	,
1. The name of the corporation: Access Healthware of Ocose, Inc	
2. The principal office address: 10125 West Colonial Drive, Suite 114, Ocoqe, FL 34761.	
	V
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/31/08 Document number:	03000085962
5. The name and street address of the current registered agent and registered office on file with the Florids Department of State:	
CT Corporation System	DIVISI 2003
1200 South Pine Island Road	SECRETARY OF COP 2003 OCT 17
Plantation, FL 33824	ETAR OF
6/The name and attent address of the new registered agent (if changed) and /or registered office (if changed):	Y OF S CORPOR
GREGORY S. RODRIGUEZ	2: 05
10125 W Colowial De Ste 114	<u>5</u>
Ocoee, FL 34761	
The street address of its registered office and the street address of the business office of its registers; changed will be identical.	वे बहुनार, भा
such change was authorized by respliction duly adopted by its bound of directors or by an officer to the composition has been neutified in writing of the change.	authorized by
CREGORY S. ROPE	GUEZ PRESIDANT
hereby accept the appointment as registered agens and agree to not in this capacity, further agree in comply with the provisions of all statutes relative to the proper and complete perfounds, and I am familiar with one accept the obligation of my position as registered agent, Or, if the eing filed merely to reflect a change in the registered affice address, I hereby confirm that the corporer notified in artifact of this change.	rmance of my is document is arution has
10-15-03	<u> </u>
signing on behalf of an entity:	
CREGORY S. ROPEIGHEZ PRESIDENT	

* * * FILDIG PEE: \$35.00 * * *

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallarassee, FL 32314