

10/27/2007 03:35
Division of Corporations

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STARTUP HOME HEALTH

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : STARTUP HOME HEALTH CONSULTANT, INC.
Account Number : I20060000127
Phone : (305) 792-2540 (954) 985-5655
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REGISTERED AGENT CHANGE

MED LIFE MEDICAL SERVICES, INC.

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October 26, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MED LIFE MEDICAL SERVICES, INC.
2890 NW 79TH AVENUE
MIAMI, FL 33122

SUBJECT: MED LIFE MEDICAL SERVICES, INC.
REF: P03000096817

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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Pamela Smith
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P.O BOX 6327 ~ Tallahassee, Florida 32314

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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: MED LIFE MEDICAL SERVICES, INC.
2. The principal office address: 4005 NW 114 AVENUE, SUITE 25, DORAL, FL 33178
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/04/2003 Document number: P03000096817

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

Ivon M. Aznielles
2890 NW 79 Ave
Miami, FL 33122

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

4005 NW 114 AVENUE, SUITE 25
DORAL, FL 33178

(P.O. Box NOT acceptable)

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.

Ivon M. Aznielles President

 (Signature of an officer or director) (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.

w/22/07

 (Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Ivon M. Aznielles

 (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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