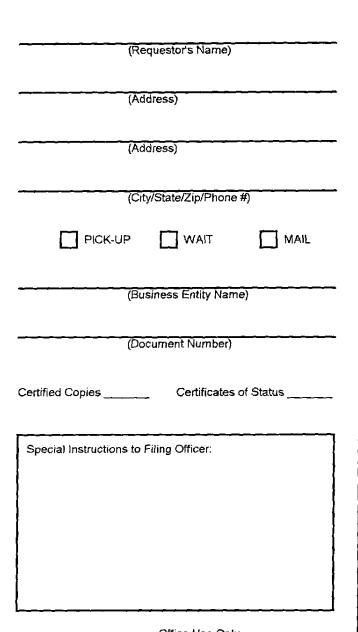
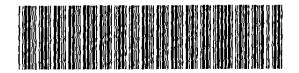
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04/29/05--01017--023 **35.00

SECRETARY OF STATE

RA LFS 5-6-05

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MEDICAL SOLUTIONS CONSLUTANTS, Inc. (Name of corporation)
DOCUMENT NUMBER: <u>P03000153463</u>
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:
ENRIQUE CIRINO, SR. (Name of contact person)
MEDICAL SOLUTIONS CONSULTANTS, INC. (Firm/Company)
8218 NW 14H2 St. (Address)
MIGMI, FL 33126 (City/state and zip code)
For further information concerning this matter, please call:
ENDIQUE CICIO at (305) 3314570 (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

statement of change is submitted for a corporation organized under the laws of the State of FLORADA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MEDICAL SOLUTIONS CONSULTANTS, Inc.
2. The principal office address: 8218 NW 14H1St., MINNI, FL 33126
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/18/12/03 Document number: P03000153463
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
VALOR, VIRGILIO
VALOR, VIRGILIO 8218 NW 14th St.
MIAMI, FL 3312G
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ENRIQUE CIRINO, SR.
8218 NW 14th St. (P.O. Box NOT acceptable)
MIAMI, FL 33126
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.
ENRIQUE CIRINO-PRESIDENT
(Signature of an otticer of director) 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.
04/27/2005
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
ENZIQUE CIRINO, SR.
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *