P05000000917

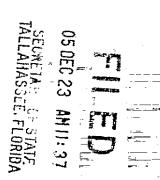
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PAGE 82

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TOTAL EMEDICAL, INC. (Name of corporation)
DOCUMENT NUMBER: P05000000917
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:
WALTER H. MESSICK (Name of contact person)
WALTER H. MESSICK, P.A.
(Finn/Company)
1900 CORPORATE BLVO., SUITE 200 EAST (Address)
BOCA RATON, FL 33431
(City/state and zip code)
For further information concerning this master, please call:
WALTER H, MESSICK # (561) 995-8868
(Name of contact person) (Area code & daytime telephone number)

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahussee, FL 32399

CR2E045(6/04)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 20, 2005

WALTER H. MESSICK, P.A. 1900 CORPORATE BLVD., STE 200 EAST BOCA RATON, FL 33431

SUBJECT: TOTAL EMEDICAL, INC

Ref. Number: P05000000917

We have received your document for TOTAL EMEDICAL, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Letter Number: 705A00057676

Anna Chesnut Document Specialist

THUE DO

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, ar 617.1508, Morida : change is submitted for a corporation organized under the laws of the State of _ rder to change its registered office or registered agent, or both, in the State of F	FLORIDA
1 The name of	of the corporation: TOTAL EMEDICAL, INC	
2. The principa	oal office address: 125 NW 13TH ST., SUITE B-1, BOCA RATON, FL 33432	
3. The mailing	g address (if different): N/A	
4. Date of incom	orporation/qualification: 01/03/2005 Document number: P050000	000917
	and street address of the current registered agent and registered office on file wi partment of State:	th the
	OHAYON, GABRIEL	_ ·
	7989 CHULA VISTA CR	
	BOCA RATON, FL 39433	₩ 08
6. The hame an (if changed):	ind street address of the new registered agent (if changed) and for registered off Howard T. Rudnick, M.D. 125 NW 13TH ST., SUITE B-1, (P.O. Box NOT asseptible)	OS DEC 23 AM III.
	BOGA RATON, FL 33432	
	dress of its registered office and the street address of the business office of it	
Such change wanthorized by	was puthorized by resolution duly adopted by its board of directors or by an indicated or the corporation has been notified in writing of the change.	officer so
Countly	HOWARD J. RUDNICK, VICE F	file
I hereby accept I further agree of my duties, an accument is be corporation by	on the appointment as registered agent and agree to act in this capacity is to comply with the provisions of all statutes relative to the proper and con and I mit familiar with and accept the obligation of my position as registered relative to refer a change in the registered office address. I note that he had been applied by writing of this change.	plete performance a agent. Or, if this by confirm that the
howers ()	Supreture of Registered Agent).	
if signing on b	behalf of an entity:	
HOWHRD ?	T RUDWICK, M. D.	

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