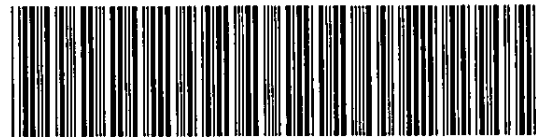


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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADAPTIVE MEDICAL SOLUTIONS
Name of Corporation

DOCUMENT NUMBER: P06000 10505

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:

JOHN TIMOTHY RICE
Name of Contact Person

ADAPTIVE MEDICAL SOLUTIONS
Firm/Company

845 CREATIVE DR
Address

LAKELAND, FL 33813
City/State and Zip Code

TIM.WARDS@VERIZON.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN TIMOTHY RICE at (863) 646-0020
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

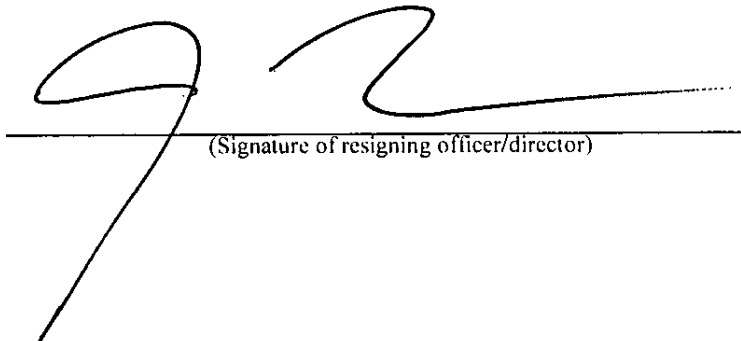
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TIMOTHY J. RICE, hereby resign as PRESIDENT AND DIRECTOR
(Title)

of ADAPTIVE MEDICAL SOLUTIONS, INC.
(Name of Corporation)

P06000105005, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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12 AUG 30 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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