

P06000120001

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
 Account Number : I20060000012
 Phone : (305) 826-5886
 Fax Number : (305) 722-0535

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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REGISTERED AGENT CHANGE

TOP HEALTH SOLUTIONS, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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RD Chg 10.11.9.07

**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.

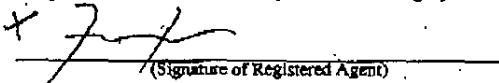
1. The name of the corporation: TOP HEALTH SOLUTIONS, INC
2. The principal office address: 6501 S DIXIE HWY STE 111
WEST PALM BEACH, FL 33145
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/18/06 Document number: P06000120001
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JOMARRON PEDRO
5107 GRANT LANE
WEST PALM BEACH, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JOMARRON PEDRO
6501 S. DIXIE HWY STE 111
(P.O. Box NOT acceptable)
WEST PALM BEACH, FL 33145

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.

 PEDRO JOMARRON / 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.

 11/09/07
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(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
CR2E045 (8/05)

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