

11/09/2007

3057220535

MARTIN ACCOUNTING

PAGE 01/02

Division of Corporations

Page 1 of 1

PO6000120001

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000276283 3)))



H07000276283ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV -9 PM 3:17

REGISTERED AGENT CHANGE

TOP HEALTH SOLUTIONS, INC

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

RECEIVED

2007 NOV -9 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

RO/chg@a 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: 8501 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.

[Signature]

(Signature of an officer or director)

PEDRO JOMARRON / PRESIDENT

(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.

[Signature]

(Signature of Registered Agent)

11/09/07

(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)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 NOV -9 PM 3:17