

PO8000010977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

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10/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Solution of Fort Lauderdale
(Name of Corporation)

DOCUMENT NUMBER: P08000010977

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:

Michele Blomont
(Name of Contact Person)

Medical Solution of Fort Lauderdale
(Firm/Company)

3960 N Andrews Ave
(Address)

Oakland Park, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Blomont at (954-) 734-5818
(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

**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: Medical Solution of Fort Lauderdale
2. The principal office address: 1556 SW 13 Court- Pompano Beach, FI 33069
3. The mailing address (if different): 3960 N Andrews Ave-Oakland Park, FI 33309
4. Date of incorporation/qualification: 01/30/2008 Document number: P08000010977
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Frank Pellegrino

1556 SW 13 Court- Pompano Beach, FI 33069

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michele Blomont

3960 N Andrews Ave-Oakland Park, FI 33309

(P.O. Box NOT acceptable)

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.

Frank Pellegrino
(Signature of an officer or director)

Frank Pellegrino- P

(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.

Frank Pellegrino
(Signature of Registered Agent)

4/02/08

(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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