P0800054055

Brodford & Associates, P.A. (Requestor's Name)		
14160 Palmetto Frontage Pd. Ote 32 (Address)		
(Address)		
Miani laks 9 33016 (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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06/26/08--01029--019 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA. Charge

6. Coulkette JUN 3 0 2008

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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: UNO Healthcare Europe, Inc.	
2. The principal office address: 8357 NW 54 Street	
Miami, FL 33166	
3. The mailing address (if different): 14160 Palmetto Frontage Rd Ste 32	
Miami Lakes, FL 33016	
4. Date of incorporation/qualification: 6/2/08 Document number: P080005405	5
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
UCC Filing & Search Services, Inc.	
1574 Village Square Boulevard, Ste 100	
Tallahassee, Florida 32309	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	nr 80
James N. Bradford, Jr.	2
14160 Palmetto Frontage RD Ste 32	D
(P.O. Box NOT acceptable)	X
Miami Lakes, FL 33016	æ 5
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	agent,
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 of an officer or director) Fabio Lisboa, Pres (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 perfo of my duties, and I am familiar with and accept the obligation of my position as registered agent. Of document is being filed merely to reflect a change in the registered office address, I hereby confirm to corporation has been notified in writing of this change.	rmance r, if this hat the
(one 1 Brafford 6/6/08	
(Signature of Registered Agent) James N. Bradford, Jr. 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)