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R. L.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MedSurgix Corporation
Name of Corporation

DOCUMENT NUMBER: P16000067087

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:

Kenneth A. Peacock

Name of Contact Person

MedSurgix Corporation

Firm/Company

PO Box 950898

Address

Lake Mary, FL 32795

City/State and Zip Code

kajpeacock@yahoo.com

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

For further information concerning this matter, please call:

Kenneth A Peacock

Name of Contact Person

at (407) 837-8383

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

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