

DEC-10-03 11:00 AM

LAZARUS CORPORATE FILING SERVICE, INC.

FAX: (305) 220-1440

Page 1 of 1

P93000007690

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

CROSS SHIELD MEDICAL EQUIPMENT AND RENTALS CORP.

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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: Cross Shield Medical Equipment and Rentals Corp.

2. The principal office address: 4471 NW 36 St.

Miami Springs Fl. 33166

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/1/1993 Document number: P93000007690

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Roberto Valdes

210 SW 56 St.

Miami, Fl. 33165

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

Jorge E. Arjona

4471 NW 36 St.

(P.O. Box or personal mailbox NOT acceptable)

Miami Fl. 33166

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 of officer or director)

Jorge E. Arjona

(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 of Registered Agent)

11-26-03

(Date)

If signing on behalf of an entity:

Jorge E. Arjona

(Typed or Printed Name)

President

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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