

REFERENCE

641309\_

\$ 35.00

ORDER DATE: December 18, 1997

ORDER TIME :

2:12 PM

ORDER NO. : 641309

CUSTOMER NO:

7111512

CUSTOMER: Ms. Stephanie A. Thomas 600002378206

Coach Usa One Riverway Suite 600

Houston, TX 770561903

CHANGE OF AGENT

NAME:

METRO MEDICAL TRANSPORTATION

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Stscherban

## Florida Department of State, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections Florida Statutes, the undersigned corp FLORIDA submits the following	oration organ g statement i	ized under the laws o	of the State of
1a. The name of the corporation is:  METRO MEDICAL TRANSPORTATION SERVICES, INC.			
1b. Date of incorporation: 7-29-	93	Document numbe	<u>1930005420</u>
2. The name and address of the curre SIGMUND ZILBER	ent registered	agent and office:	
1995 NORTHEAST 142ND ST. NOF	RTH MIAM!	FL	33181
3. The name and address of the new (P.O. Box Not Acceptable)	registered ag e)	ent and office:	
CORPORATION SERVICE COMPANY			
1201 Hays Street, Tallahassee, Florida 32301		_	97 7AL 88
The street address of its registered age of its registered agent as changed will Such change was authorized by resolution officer so authorized by the board.  Ataphani Shomas	be identical. tion duly ado STEPHAN		
SIGNATURE 12/13/91 DATE	Тур	ed or printed name ar	nd title
HAVING BEEN NAMED AS REGISTERE PROCESS FOR THE ABOVE STATED OF IN THIS CERTIFICATE, I HEREBY ACC AGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL STAT PLETE PERFORMANCE OF MY DUTIES THE OBLIGATION OF MY POSITION A	CORPORATION EPT THE APICAPACITY.  TUTES RELATED, AND I AMICS REGISTERS	ON AT THE PLACE DE POINTMENT AS REGI I FURTHER AGREE T FIVE TO THE PROPER FAMILIAR WITH ANI ED AGENT. ORPORATION SERVICE	ESIGNATED ISTERED TO COMPLY R AND COM- D ACCEPT
	DATE		(C)