

Document Number Only

P93000055360

Requestor's Name

4350 West Cypress Suite 440 Tampa, FL 33607

CORPORATION(S) NAME

100003924581--5
-03/29/01--01004--002
*****35.00 *****35.00

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|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Reg. A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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01 MAR 29 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

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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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

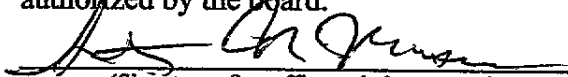
1. The name of the corporation : AXCESS HRT, INC.
2. The mailing address of the corporation : 40 NORTH OSPREY AVENUE
SUITE D, SARASOTA, FL 34236
3. Date of incorporation/qualification: 8/2/93 Document number: P93000055360
4. The name and address of the current registered agent and registered office:
NONE

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

STEPHEN M. MUSCO
40 NORTH OSPREY AVE, SUITE D
SARASOTA, FL 34236

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.

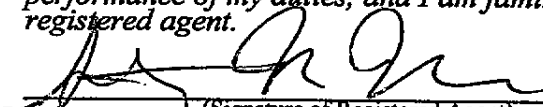

(Signature of an officer, chairman or vice chairman of the board)

3-26-01
(Date)

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SECRETARY OF STATE

STEPHEN M. MUSCO, PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.


(Signature of Registered Agent)

3-26-01
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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