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Secretary of State

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DOCUMENT # P93000062014				04-29-2005 90197 011 ***150.00	
1. Entity Name SUNSCRIPT MEDICAL SERVICES, INC.					
Principal Place of Business 101 SUN AVE NE ALBUQUERQUE, NM 87109 US		Mailing Address 101 SUN AVE NE ALBUQUERQUE, NM 87109 US		40005540	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3199708	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTER, JENNIFER		NAME	Jennifer Botter	
STREET ADDRESS	101 SUN AVE NE		STREET ADDRESS	101 Sun Ave NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109		CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, MICHAEL T		NAME		
STREET ADDRESS	101 SUN AVENUE NE		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 87109		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, JEFFREY		NAME		
STREET ADDRESS	101 SUN AVENUE NE		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 87109		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, CRAIG D		NAME		
STREET ADDRESS	101 SUN AVE NE		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 87109		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATROS, RICHARD K		NAME		
STREET ADDRESS	101 SUN AVE. NE		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 87109		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDERGEST, KEVIN W		NAME		
STREET ADDRESS	101 SUN AVE. NW		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 87109		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Michael T. Berg</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/25/05</i> Daytime Phone <i>(505) 821-3333</i>	