

ACCOUNT NO. 072100000032

REFERENCE 228767 7107100

AUTHORIZATION

COST LIMIT : \$ PPD

ORDER DATE: May 5, 1999

ORDER TIME : 11:50 AM

ORDER NO. : 228767

CUSTOMER NO: 7107100

CUSTOMER: A. Koss, Esq

A. Koss, Attorney At Law, P.a.

782 N.w. 42nd Avenue

Suite 340

Miami, FL 33126

CHANGE OF AGENT

NAME: EXPRESS MED TRANSPORTATION

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

DIVISION OF CORPORATION

900002871359--3 -05/11/99--01057--011

*****35.00 *****35.00

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	
submits the following statement in order to change its regis	tered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation is: Express Med Trans	portation Company
1. The name of the corporation is.	
2. The mailing address of the corporation is: 611 N.W. 34 Ave., Miami, FL 33135	
3. Date of incorporation/qualification: 04/06/95	Document number: P95000027281
4. The name and address of the current registered agent and	office:
Rene Martinez	
611 NW 34 Ave.	ASE 9
Miami, FL 33125	LC A
5. The name and address of the new registered agent and off	ice: (P. O. Box Not Acceptable)
A. Koss, Esq.	
782 N.W. 42nd Ave.	., Suite 448
Miami, FL 33126	
The street address of its registered office and the street ad agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by authorized by the board.	e e e e e e e e
1 TREASURE	$\frac{R}{5-7-99}$ (Date)
(Signature of an officer, chairman or vice chairman of the board)	
(Printed or typed name and title)	<u>evê</u>
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered of further agree to comply with the provisions of all statutes to performance of my duties, and I am familiar with and accept registered agent.	te of process for the above stated agent and agree to act in this capacity. The proper and complete to the proper and complete the obligation of my position as
Bu (NYO)	5-7-99
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$	35,00 * * *