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DIVISION OF LOWPORATION





ION SERVICE COMPANY"	
ACCOUNT NO. : 07210000032	
REFERENCE : 282188 167668A	
AUTHORIZATION: Patricia Pigito	
COST LIMIT : \$ 35.00	· - .
ORDER DATE: October 15, 2003	
ORDER TIME : 10:49 AM	
ORDER NO. : 282188-005	
CUSTOMER NO: 167668A	
CUSTOMER: Cyto Meridian Inc. 5519 Eighth Street Sw Lehigh Acres, FL 33971	
CHANGE OF AGENT	
NAME: CYTO MERIDIAN INC.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Ellyn Herndon EXT# 1145	
EXAMINER:	

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 Satutes,
this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: CYTO MERIDIAN INC.
2. The principal office address: 5519 8th St. Sw. Lehigh Aeres grant FL 339719
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/17/95 Document number: P950000883
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Minette M. Langston
Lehigh Acres, FL 33936
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company
1201 Hays Street (P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301
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 dorporation has been notified in writing of the change.
(Signature of an officer, chairman or vice chairman of the board) (Signature of an officer, chairman or vice chairman of the board)
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 hareby confirm that the corporation has been notified in writing of this change.
If signing on behalf of an entity:
Coenocation Service Company, Ann R. Asst V.P.
(Typed or Printed Name) * * * FILING FEE: \$35.00 * * *