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PICK-UP WAIT MAIL					
(Business Entity Name)					
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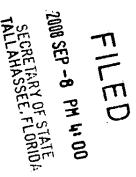
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ATTORNEYS AT LAW
ESTABLISHED 1943

Kathy J. Tayon
Direct Dial: 954-703-3903
Direct Fax: 954-707-4554
kathy.tayon@fowlerwhite.com

September 2, 2008

U.S. MAIL

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Sasabo Consolidated, Inc.;

Document number: P96000075342;

Statement of Change of Registered Office or Registered Agent or Both for Corporations

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement of Change of RO and RA") for the above-referenced corporation along with a check in the amount of \$87.50 for the payment of the following:

\$35 filing fee to file the Statement of Change of RO and RA \$52.50 for a certified copy of the filed Statement of Change of RO and RA

Will you please send the certified copy of the filed Statement of Change of RO and RA to me at the following address:

Kathy J. Tayon Fowler White Boggs Banker, P.A. 1200 East Las Olas Blvd., Suite 400 Ft. Lauderdale, Florida 33301

Also, if you have any questions or need any additional information, please call me at 954.703.3903. Thank you for your time and assistance.

Sincerely,

Fowler White Boggs Banker P.A.

Kathy J. Tayor

Enclosures

40403785v1

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

statement of ch	hange is submitted for a corpo	02, 617.0502, 607.1508, or 617 cation organized under the laws ce or registered agent, or both,	of the State of Flori	ida
1. The name o	f the corporation: Sasabo Co	nsolidated, Inc.		
2. The principa	al office address: 4620 N. Sta	e Road 7, Suite 316, Building F	H, Lauderdale Lakes	, FL 33319
3. The mailing	address (if different): Same	as above		
4. Date of inco	orporation/qualification: 09/11	/1996 Document nu	ımber: P960000753	142
	nd street address of the current artment of State:	registered agent and registered	office on file with the	e
	Gerson, Preston, Robi	nson & Company, P.A.		
	666 Seventy-First Str	et		2008 SEP -8 SECRETARY TALLAHASS
	Miami Beach, FL 3314	1		野节
6. The name as (if changed)		gistered agent (if changed) and /	or registered office	8 PH 4: 00 ARY OF STATE SSEE, FLORID
	Gregory Taylor			OR OF
		620 North State Road 7, Build	ling H, Suite 316	
	Lauderdale Lakes, FL			
		d the street address of the busi		
Such change vauthonized by	was authorized by resolution the board, or the corporation	dally adopted by its board of di has been notified in writing of		
(Sign	May of an office or director)	Philip A. Levin,	, M.D., Authorized (Officer
of my duties, a document is b	of the appointment as register e to comply with the provision and I am familiar with and ac eing filed merely to reflect a as been notified in writing of	ed agent and agree to act in the is of all statutes relative to the cept the obligation of my posit thange in the registered office this change.	his capacity. proper and complet tion as registered ag address, I hereby co	te performance ent. Or, if this onfirm that the
A	10 ans (cm)	August 26, 20	08	
Gregory Taylor If signing on b	Signature of Registered Agent)		(Date)	
	(Typed or Printed Name)			•
	***	FILING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)