

P97000020108

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REPLY TO: Port Richey →

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June 11, 1998

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: MED-A-BILITY

Enclosed please find Statement of Change of Registered Office and Registered Agent, together with my check in the amount of \$35.00. Please file same.

Thank you for your assistance in this matter. Should you have any questions, please contact my legal assistant, Sharon, at any time.

Sincerely,

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-06/22/98--01084--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

  
DEMETRIOS ECONOMOU

DE/sds  
enclosures

RA Chg.

VS JUL 1 1998

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14001 1704 Hgch 54h  
Charter No. P97000020108  
Date Filed: March 5, 1997

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502 or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: MED-A-BILITY, INC.
2. The name and address of its present registered agent is:  
Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301
3. The name and street address to which its registered agent is to be changed is:  
Salvador Cherta  
3886 Crescent Cove Pl.  
Tarpon Springs, FL 34689-7708
4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Date:

10/23/97

Signature:

Salvador Cherta, Director

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: Salvador Cherta

Signature:

Date:

10/23/97

FILING FEE \$35.00