

P98000044364

P. Beaulieu  
8628 Via Reale #4  
Boca Raton Fl. 33496

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time  
☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy  
☐ Certificate of State

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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-07/24/01--01014--011  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

FILED  
01 JUL 28 PM 1:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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RACER CM  
SPX & Out copy  
7-23-01

**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 State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Eutopia Medical & Legal Services, Inc.

2. The mailing address of the corporation : 8628 Via Reale #4  
Boca Raton Florida 33496

3. Date of incorporation/qualification: May 14 1998 Document number: 898A00027501

4. The name and address of the current registered agent and office:

Paul Beaulieu

Dania Florida

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

James P. Vanden Bosch

3648 Coral Springs Drive

Coral Springs Florida 33065

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.

Patricia Crawford Beaulieu  
(Signature of an officer, chairman or vice chairman of the board)

7/16/01  
(Date)

Patricia Crawford Beaulieu  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

see attached  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

James P. Vanden Bosch  
(Typed or Printed Name)

Registered Agent  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

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01 JUL 23 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER  
THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT  
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF  
FLORIDA.

1. THE NAME OF THE CORPORATION IS: EUTOPIA MEDICAL & LEGAL SERVICES,  
INC.

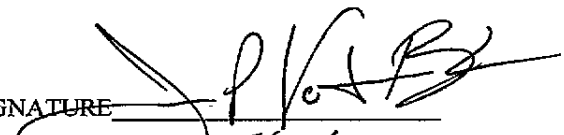
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE

JAMES P. VANDEN BOSCH  
3648 CORAL SPRINGS DRIVE  
CORAL SPRINGS, FLORIDA 33065

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 RELATING TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND  
ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

  
5/2/01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 23 PM 1:25

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