

Filing of Documents

September 02, 1998

We enclose the following documents for filing with your office:

RE: SOUTHWEST MEDICAL, INC.

1. Statement of Change of Registered Office and
Registered Agent & check \$35.00

P98000068046

To:

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Law Offices

Richard M. Georges, P.A.
3656 First Avenue North
St. Petersburg, FL 33713
(813) 321-4420

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Charter No. P98000068046

Date Filed 8/4/98

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: SOUTHWEST MEDICAL, INC.

2. The name and address of its present registered agent is:

Richard M. Georges
3656 First Avenue North
St. Petersburg, FL 33713

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

MARIA WOOD

13130 56th Court, Ste. 606

Clearwater, FL 33760

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.

MARIA WOOD

(Typed or printed name and title)

Signature *Maria Wood*

(President or Vice President)

Date August 14, 1998

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 MARIA WOOD

Signature *Maria Wood*

(Agent)

Date August 14, 1998

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