

Division of Corporations

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P99000007675

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4000

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000321
Phone : (954) 761-2910
Fax Number : (954) 764-4996

REGISTERED AGENT CHANGE

APPLIED MEDICAL SOLUTIONS, INC.

Certificate of Status	0
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**STATEMENT OF CHANGE OF REGISTERED AGENT
OR REGISTERED OFFICE OR BOTH FOR CORPORATIONS**


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Pursuant to the provisions of FSA § 607.0502, 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.

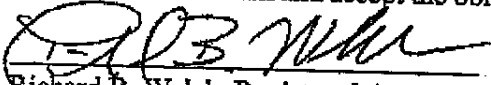
1. The name of the corporation: **APPLIED MEDICAL SOLUTIONS, INC.**
2. The mailing address of the corporation is: **c/o Tripp Scott, 110 S.E. 6th Street, 15th Floor
Fort Lauderdale, Florida 33301**
3. Date of incorporation: **January 26, 1999**
4. Document number: **P99000007675**
5. The name and address of the current registered agent and office:
Dennis D. Smith, 110 S.E. 6th Street, Fort Lauderdale, Florida 33301
6. If applicable, the name of the new registered agent: **Richard B. Welch**
7. If applicable, the (new) street : **One West Sample Road, One Medical Plaza, Suite 304
Pompano Beach, Florida 33064**
8. Address of the (new) registered agent: **One West Sample Rd., One Medical Plaza, Suite 304
Pompano Beach, Florida 33064**
9. The street address of the corporation's registered office and the business office of its registered agent, as changed, will be identical.
10. Such change was authorized by resolution duly adopted by the board of directors, or by an officer so authorized by the board.

This change will be effective upon filing.

Date: March 18, 1999.

BY: 
Richard B. Welch, President

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.


Richard B. Welch, Registered Agent

3/1/1999
Date

Prepared by: **Thomas O. Katz, Esq., FL Bar #355836
Ruden, McClosky, et al., P.O. Box 1900
Fort Lauderdale, Florida 33301
(954) 764-6660**

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