2004 FOR PROFIT CORPORATION

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVENREICH, DAVID C 406 S. PROSPECT AVE. CLEARWATER FL 33756 City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am fail	
STRETCHAIR PATIENT TRANSFER SYSTEMS, INC. Principal Place of Business 8110 ULMERTON RD. LARGO FL 33771 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. MOORE CR2E034 City & State City & State City & State Country 5. Certificate of Status Desired F. LEVENREICH, DAVID C 406 S. PROSPECT AVE. CLEARWATER FL 33756 City 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. Jam lax	833 8 8 333 8 3233 8 1310001 11 1000
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8110 ULMERTON RD. LARGO FL 33771 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Typ Street Address of New Registered Agent Name LEVENREICH, DAVID C 406 S. PROSPECT AVE. CLEARWATER FL 33756 City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address of Floods. I am factorist registered agent, or both, in the State of Floods. I am factorist registered agent, or both, in the State of Floods. I am factorist registered agent, or both, in the State of Floods. I am factorist registered agent, or both, in the State of Floods. I am factorist registered agent, or both, in the State of Floods. I am factorist registered agent, or both, in the State of Floods. I am factorist registered agent, or both, in the State of Floods. I am factorist registered agent.	#33 # #333 # 3(#1) #10(#0)
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LEVENREICH, DAVID C 406 S. PROSPECT AVE. CLEARWATER FL 33756 City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fail	gent
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fax	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fac-	Zip Code
the obligations of registered agent.	amiliar with, and acce
SIGNATURE Signature typed or printed name of registered agent and trible it applicable (NOTE Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May B Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11
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NAME SCORDATO, EMIL NAME U00000014827 STREET ADDRESS 1310 GULF BLVD., UNIT 18A STREET ADDRESS 01/27/04-80038-025 CITY-ST-ZIP CLEARWATER FL 33767 CITY-ST-ZIP CITY-ST-ZIP	_ , _
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Engle: Signature and typed on Printed Name of Signing Officer or Director

1-22-04 737-531-244;