## P990000098644

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Refer to File No.

Writer's Direct Dial No.

003725/991078

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January 18, 2000

Registered Agent/Address Section Bureau of Corporate Records Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

**700003105037**--3 -01/20/00--01107--020 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

TBMR Medical Research, Inc.

Gentlemen:

Enclosed please find the original and duplicate copyrof a Change of Registered Office and Agent for the above-referenced corporation, along with our client's check in the amount of \$35.00 representing the filing fee.

Please acknowledge filing of this document by stamping the duplicate copy and returning same to me.

If you have any questions in connection with the documents, or need further information, please contact me by telephone rather than returning the document.

Very truly yours,

Paralegal to

Joel D. Bronstein

ST/lpb

Enc.

cc: TBMR Medical Research, Inc. 140740

RA Chq.

V. SHEPARD JAN 2 7 2000

## CHANGE OF REGISTERED OFFICE AND AGENT

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TBMR MEDICAL RESEARCH, INC.

TO: SECRETARY OF STATE OF FLORIDA

- 1. The name of the Corporation is TBMR Medical Research, nic.
- The current registered office is located at 150 Second Avenue North, Suite 1100, St. Petersburg, FL 33701.
- The registered office will be changed to 3253 McMullen Booth Road, Suite 200, Clearwater, FL 33761

THIS IS THE CORRECT BUSINESS ADDRESS OF THE CORPORATION, PLEASE CHANGE YOUR RECORDS ACCORDINGLY.

- 4. The current registered agent is Joel D. Bronstein.
- The successor registered agent will be Terry Schroeder.
- The street address of the Corporation's registered office and the business office of its registered agent, as changed above, will be identical.
- All changes made above have been authorized by resolutions duly adopted by the Corporation's Board of Directors.
- 8. All changes made above have been made by an officer of the Corporation authorized to do so by the Board of Directors.

DATED:

Danuary 13, 2000

TEMR MEDICAL RESEARCH, INC.

Bv

Steven C. Bowman, President

**ACKNOWLEDGMENT** 

I hereby accept to act in this capacity, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of 607.0505, Florida Statutes.

Very Schroeder, Registered Agent

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