

V16956

Ramon Reyes, PA
5035 PALM AVE. HIALEAH, FL.33012
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -1 AM 11:19

Secretary of State
Division of Corporation

Re: A & A Medical Services, Inc.

Enclosed please find the original and one copy of the Article of Amendment and a certificate of Designation of Registered Agent of the above corporation, together with my check in the amount of \$70.00. This represents the costs of filing fees.

Sincerely

R. Reyes

Ramon Reyes

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*****70.00 *****35.00

RA Chg



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 27, 2000

RAMON REYES, PA
5035 PALM AVE.
HIALEAH, FL 33012

SUBJECT: A. AND A. MEDICAL SERVICES, INC.
Ref. Number: V16956

We have received your document for A. AND A. MEDICAL SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 300A00040933

RECEIVED
00 SEP -1 AM 9:48
DIVISION OF CORPORATIONS

**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: AND A. Medical Services, Inc.

2. The mailing address of the corporation: 18 W. 55St. Hialeah, Fl. 33012

3. Date of incorporation/qualification: 2/26/92 Document number: V16956

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

Marta F. Jimenez

18 W. 55 St.

Hialeah, Fl. 33012

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

Maivi Rodriguez

5591 W 2nd Ave.

Hialeah, Fl. 33012

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.

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

(Date)

Maivi Rodriguez

(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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Maivi Rodriguez

(Typed or Printed Name)

(Capacity)

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