FILED Mar 18, 2004 8:00 am Secretary of State

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Mailing Address B W STHISTREET JIE 8 W STHISTREET JIE 94031557 Principal Place of Business Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State City & S	1. Entity Name	MENT # V16956 MEDICAL SERVICES,	INC				03-18-200-	4 900 3 0 0	44 ***15	50.00	
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Section Sect	Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			Chg-P	CR2E03	<i>A</i> (10/03)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 7. 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 familiar with, and accept the obligations of registered agent. British acceptable) FLE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Carnopling Francing	City & State	9	City & Sta	City & State					<u> </u>	· 	
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