

# F94000000218

**Document Number Only**

C T CORPORATION SYSTEM

**Requestor's Name**

660 East Jefferson Street

**Address**

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

**CORPORATION(S) NAME**

900002951849--6  
-08/05/99--01074--028  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

*Invacare Corporation*

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TALLAHASSEE, FLORIDA

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**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 Ohio 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 is: Invacare Corporation

2. The mailing address of the corporation is: One Invacare Way, P.O. Box 4028, Elyria, Ohio 44036-2125

3. Date of incorporation/qualification: March 23, 1971 Document number: 408542

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

Christopher Allard

2101 East Lake Mary Boulevard

Sanford, Florida 32773

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CT Corporation Systems

1200 South Pine Island Road

Plantation, Florida 33324

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

July 8, 1999  
(Date)

Thomas R. Miklich/Corporate Secretary and Chief Financial Officer  
(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]  
(Signature of Registered Agent)

8-2-99  
(Date)

If signing on behalf of an entity:

JOYCE A. GILBERT  
ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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