

W 960000006353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Rs chg.

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Hernia Society, Inc.
2. The principal office address: 4582 South Ulster Street Parkway #201
Denver, CO 80237
3. The mailing address (if different): PO Box 4834
Englewood, CO 80155
4. Date of incorporation/qualification: 1/11/1997 Document number: N96000006353
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
- SECRET
NOV 06

Shelburn M. Wilkes

1811 Wycliff Drive

Orlando, FL 32803

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

Arthur Gilbert, MD

13637 Deering Bay Drive #282

(P.O. Box NOT acceptable)

Coral Gables, FL 33158

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, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

Date _____

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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