P95000024468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2-6-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wolf Medical Supply, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P95 00000 2468

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Woolfson
(Name of Contact Person)

Wolf Medical Supply, Inc.
(Firm/Company)

13951 NW 8th STreet
(Address)

Sunrise FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Woolfson at (954) 835-2300 ex. 210
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 FL *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Wolf Medical Supply, Inc.
2. The principal office address: 13951 NW 8th Street Sunrise, FL 33325
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/09/95 Document number: P95000002468
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gary Woolfson
591 Sawgrass Corporate Pkwy.
Sunrise FL 33325

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

Gary Woolfson
13951 NW 8th Street
(P.O. Box NOT acceptable)
Sunrise, FL 33325

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

(Signature of an officer or director) Gary Woolfson (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) 1/29/2009 (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

CR2E045 (8/05)