## P99000091213

(Re	equestor's Name)	
·		
(Ad	ldress)	
(Ad	ldress)	
		•
(Cri	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TAIL A HASSEEL FLORIDA

## 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: Respiratory THERAPIST MISSOCIATES, INC.  2. The principal office address: 11260 N.W 225T  PLANTATION ACRES, FL. 33323
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/14/99 Document number: \\P9900009/213
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CASteel BriAN E.
11260 N.W. 2257
PLANTATION FL. 33323
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  **Registered agent**  **Registered agent**  **Registered agent**  **Registered office (if changed):  **Registered agent**  **Regi
2670 S.W. 5474 ST.  (P.O. Box NOT acceptable)
FT LANDERDALE, FL. 33312
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.
X Music (Signature of an officer of director)  Brian E. Cox tee) Pres.  (Signature of an officer of director)
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.
Hars J Runs 6/11/08
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:
It signing on bottom of an entry.
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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