## 588784

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DN SERVICE CUMPANY.				
ACCOUNT NO. : I2000000195				
REFERENCE : 983822 7509084				
AUTHORIZATION: Spelle man				
COST LIMIT : \$ 35.00				
ORDER DATE: November 17, 2011				
ORDER TIME : 10:27 AM				
ORDER NO. : 983822-015				
CUSTOMER NO: 7509084				
CHANGE OF AGENT				
NAMES MEDICA AMBILIANCE CERUTCE INC				
NAME: MEDICS AMBULANCE SERVICE, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
AX PHAIN SIAMPED COPI				
CONTACT PERSON: Becky Peirce EXT# 2919				
EXAMINER:				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida istered agent, or both, in the State of Florida.	
1. The name of t	the corporation: MEDICS AMBULA	ANCE SERVICE, INC.	
2. The principal	office address: 378 SW 12th Ave., I	Bldg 6, Deerfield Beach FL 33442	
	DO D 4505		_
3. The mailing a	ddress (if different): PO Box 4595, D	Deerfield Beach FL 33442	
4. Date of incorp	poration/qualification: 10/06/1978	Document number: 588784	
	I street address of the current registered tment of State:	l agent and registered office on file with the	
	Malcolm Cohen		
	378 SW 12th Ave		
	Decrfield Beach FL 33442	是	
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered office	(
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptab	ole)	
	Tallahassee, FL 32301		
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,	
Such change was authorized by the	es authorized by resolution duly adopt the board or ecorporation has been i	ted by its board of directors or by an officer so notified in writing of the change.	
		Craig A. Wilson - Secretary	
Signatu	re of an officer or director)	(Printed or typed name and title)	
of my duties, and document is being corporation has	the appointment as registered agent a comply with the provisions of all stad I am familiar with and accept the old filed merely to reflect a change in a been notified in writing of this changon Service Company	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.	
Ву:	a // O	11/23/2011 (Date)	
Sig	nature of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
	A. Dawson, Asst. VP		

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

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