

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		/UUUU33880470 -09/11/0001096000
١.	(Corporation Name)	(Document #) *****35.00 *****35.00
2.	(Corporation Name)	(Document #)
3.	(Corporation Name)	(Document #)
4.	(Corporation Name)	(Document #)
	☐ Walk in ☐ Pick up time	Certified Copy
	☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
;	NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

CR2E031(7/97)

Examiner's Initials

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 Flonclo
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: they Area Medical Exchange, Inc.
2. The mailing address of the corporation is: <u>5999 Central Air. Suite # 701</u>
St. Petershung, Pl. 375 33710
3. Date of incorporation/qualification: 1973 Document number: 727007
4. The name and address of the current registered agent and office:
Larry Dillohunty
248 15 Ave D. 5
(4) Hetershurg 14. 33715 = ==
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Heather Keynord For 5
5999 Central Ak. + 701 8 3
St. Petersburg, PL. 33710
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.
100th den 9/5/00
(Signature of an officer, chairman or vice chairman of the board) (Date)
Hother de Marcel Vice Prosident (Printedor typed name and title)
Uning hear named as registered agent and to accent 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 of Régistèred Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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