## F05000002554

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APPROVED AND FILED 07 APR 16 AHII: 44 SECRETARY OF STATE TALLAHASSEE ESTATE

R.A. Change

G. Oculliatio APR 1 6 2007



DN SERVICE COMPANY.				
ACCOUNT NO. : 072100000032				
REFERENCE : 835913 7110150				
AUTHORIZATION :				
COST LIMIT : 18 35.00				
ORDER DATE : April 4, 2007				
ORDER TIME : 9:51 AM				
ORDER NO. : 835913-030				
CUSTOMER NO: 7110150				
CHANGE OF AGENT				
NAME: MEDICAL MULTIPLEX, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Kimberly Moret				
EXAMINER'S INITIALS:				

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut hange is submitted for a corporation organized under the laws of the State of Kentu der to change its registered office or registered agent, or both, in the State of Florid	ucky	
1. The name o	f the corporation: MEDICAL MULTIPLEX, INC.		
2. The principal Louisville,	al office address: 4165 Westport Road, Suite 204		
3. The mailing	address (if different):		
4. Date of inco	prporation/qualification: April 27, 2005 Document number: F05000002554	4	
	nd street address of the current registered agent and registered office on file with the artment of State:	:	
	C T Corporation System		
	1200 South Pine Island Road	Ās o	
	Plantation, FL 33324	)7 AP ECRE	
6. The name at (if changed)	nd street address of the new registered agent (if changed) and /or registered office :	APR 16 AN CRETARY OF LAHASSEE,	FILED
	Corporation Service Company	AH II: 44 OF STATE E. FLORIDA	~
	1201 Hays Street	4018 316 4.4	
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street add as changed wi	ress of its registered office and the street address of the business office of its regil be identical.	istered agent,	
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so	
(Signa	James M. Tyler, CFO  attire of an officer or director) (Printed of typed name and title)		
согроганов по	of the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete  The ind I am familiar with and accept the obligation of my position as registered age  The eing filed merely to reflect a change in the registered office address, I hereby con  The individual in writing of this change.	performance int. Or, if this infirm that the	
By: VUC	Service Company  Lulur Language  H-/3-07  (Date)		
If signing on b	pehalf of an entity:		
Michelle R. Va	nnoy, Asst. Vice President		
	(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