

F06000000 832

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200147894632

04/01/09--01016--007 \*\*35.00

FILED

2009 APR -1 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA  
Change  
[Signature]

4-3-09



National Registered Agents, Inc.  
11600 College Boulevard  
Suite 210  
Overland Park, KS 66210  
800.550.6724  
Fax 913.851.0713

March 27, 2009

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Surgipath Medical Institute, Inc.  
Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, Surgipath Medical Institute, Inc. please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson  
National Registered Agents, Inc.

Enclosure - Check

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Surgipath Medical Industries, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F06000000832

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:

Matt Thompson

(Name of Contact Person)

National Registered Agents, Inc.

(Firm/Company)

11600 College Boulevard, Suite 210

(Address)

Overland Park, KS 66210

(City/State and Zip Code)

For further information concerning this matter, please call:

Matt Thompson

(Name of Contact Person)

at ( 800

, 550-6724 ext. 503

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

1. The name of the corporation: Surgipath Medical Industries, Inc.  
2. The principal office address: 5205 RT 12  
Richmond, IL 60071  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/09/2006 Document number: F06000000632

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525 US

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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.

George E. Sumbr  
(Signature of an officer or director)

George Sumbr, VP Finance  
(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.

By: Matt Thompson  
(Signature of Registered Agent)

03/27/09  
(Date)

If signing on behalf of an entity:

Matt Thompson  
(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)

2009 APR - 1 AM 9:07  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA