

F06000003910

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: AHOLYSZKO@psd.com

000076.168551

**REGISTERED AGENT CHANGE
BLUE MEDICAL SUPPLY, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

1. The name of the corporation: BLUE MEDICAL SUPPLY, INC.
2. The principal office address: 7251 SALISBURY ROAD, 4, JACKSONVILLE FL 32256
3. The mailing address (if different): 4345 Southpoint Blvd, Jacksonville, FL 32216
4. Date of incorporation/qualification: 06/02/2006 Document number: F06000003910
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PHILLIPS, CRAIG L7251 SALISBURY ROAD 4JACKSONVILLE FL 32256 US

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

NRAI SERVICES, INC.515 EAST PARK AVENUEP.O. Box NOT acceptableTALLAHASSEE, FL 32301

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.

[Signature]
Signature of an officer or director

David D. Klarner, VP/Treasurer
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 [Signature]

Signature of Registered Agent

Date 6/21/12

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT

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

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