F06000003910

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APR 3 0 2013
T. ROBERTS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 23, 2013

Order#: 610552-051

Re: BLUE MEDICAL SUPPLY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corporation organize			
	er to change its registered office or registere	•		
1. The name of t	the corporation: BLUE MEDICAL SUPPLY, office address: 7251 Salisbury Road 4, Jac	cksonville, FL 32256		
2. The principal	office address:			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 06/02/2006	Document number: F06000003910		
	d street address of the current registered agent rtment of State: (If resigned, enter resigned)	5		
	NRAI Services, Inc.			
	515 E. Park Avenue			
	Tallahassee, FL 32301			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company 1201 Hays Street P.O. Box NOT acceptable Tallahassee, FL 32301				
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box NOT acceptable Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street add be identical.	dress of the business office of its registered agent,		
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.				
(J06 Q	Dona Priebe, Vice President		
	are of an officer or director	Printed or typed name and title		
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and a to comply with the provisions of all statute. my duties, and I am familiar with and acce is document is being filed merely to reflect that the corporation has been notified in w on Service Company	s relative to the proper and complete ept the obligation of my position as registered a change in the registered office address. I		
By: Y	enature of Registered Agent	April 15, 2013 Date		
	chalf of an entity:	Date		
Grace E. Kirby,	, Assistant Vice Presidetn			
T	yped or Printed Name			

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

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