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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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change

05/04/12--01024--010 \*\*35.00

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2012 MAY -4 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
5/9/12

# Orion State Licensing, Inc.

**VIA OVERNIGHT DELIVERY**

**April 23, 2012**

Florida Department of State  
Amendment Section Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Doctors Service Bureau, Inc.  
Florida Statement of Change of Registered Office of Registered Agent or Both for  
Corporations

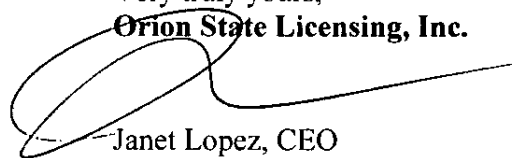
Dear Sir or Madam,

Please find enclosed:

- 1) Registered Agent's Consent to act as the entity's registered agent
- 2) Filing Fee in the amount of \$35.00 made payable to "Florida Department of State"

If you have any questions, please contact the undersigned.

Very truly yours,  
**Orion State Licensing, Inc.**



Janet Lopez, CEO

**\*\*\*Please return the document to Orion State Licensing at  
155 N. Riverview Drive, Anaheim, CA 92808.\*\*\***

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DOCTORS SERVICE BUREAU, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Janet Lopez

(Name of Contact Person)

Orion State Licensing, Inc.

(Firm/Company)

155 N. Riverview Drive

(Address)

Anaheim, CA 92808

(City/State and Zip Code)

For further information concerning this matter, please call:

Janet Lopez

(Name of Contact Person)

at ( 888 )

315-0805

(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: DOCTORS SERVICE BUREAU, INC.
2. The principal office address: 1717 CENTRAL STREET EVANSTON IL 60204
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/29/2007 Document number: F07000001763
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

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

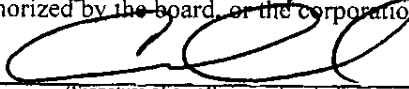
InCorp Services, Inc.

17888 67th Court North Loxahatchee, FL 33470

(P.O. Box NOT acceptable)

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 of an officer or director)

Aristotle Sangalang, Vice President

(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 Jennie Sedlacek  
(Signature of Registered Agent)

4/27/2012  
(Date)

If signing on behalf of an entity:

INCORP SERVICES, INC.

By Jennie Sedlacek  
(Typed or Printed Name)

COO

\*\*\* 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)

FILED  
2012 MAY -4 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA