

F07000006303

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE
SPECIALIZED MEDICAL SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Specialized Medical Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F07000006303

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:

Steve Dierckes

Name of Contact Person

RCS Management Corporation

Firm/Company

16535 Southpark Drive

Address

Westfield, IN - 46074

City/State and Zip Code

sdierckes@rcsoxygen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ()

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

CR25045 (8/05)

FL006 - 07/23/2009 C T System Online

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

1. The name of the corporation: Specialized Medical Services, Inc.

2. The principal office address: 5343 North 118th Court, Milwaukee WI 53225

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/26/2007 Document number: F07000006303

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)

Corporation Service Company

1201 Hays Street

Tallahassee FL 32301

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

CT Corporation System

c/o CT Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 officer or director

John J. Nestor - Vice President and Secretary

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: CT Corporation System

Signature of Registered Agent

5-8-12

Date

If signing on behalf of an entity:

Diana Stout, Asst. Secretary

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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TALLAHASSEE, FLORIDA