

FO7000006303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

12/17/14--01024--0111 **35.00

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Case No.

14 DEC 17 PM 1:50
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.V.
12-23-14

QUCCA, XCOA

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

XX Return envelope is also enclosed for your convenience.

Attn: Morgan Kennedy
c/o Corporation Service Company
2711 Centreville Road, Suite 400
Wilmington, DE 19808

XX Please return evidence to the following:
XX Issue Proof of Filing.
XX File in your office on a routine basis.

Please take the following action:

XX Check in the amount of \$35.00.
XX Change of Registered Agent and Office.

Enclosed please find:

Re: SPECIALIZED MEDICAL SERVICES, INC.

Order#: 409675-022

Date: December 15, 2014

From: Morgan Kennedy

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

CSG - WILMINGTTON
Suite 400
2711 Centreville Road
Wilmington DE 19808
800-927-9800
302-636-5454 FAX

CORPORATION SERVICE COMPANY



**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 WI _____ 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)

CT CORPORATION SYSTEM

C/O C T CORPORATION SYSTEM

PLANTATION FL 33324

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

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.

082

Dona Priebe, Vice President

Signature of an officer or director

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.

Corporation Service Company

By: Grace C. Kirby
Signature of Registered Agent

12/15/2014

Date _____

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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