

F100000002181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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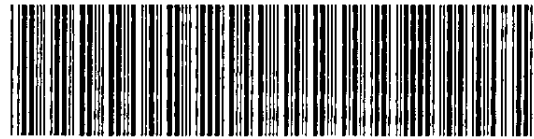
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R A / R o / c h g
@ 6/6/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Med Supply Cabinet, Inc
Name of Corporation

DOCUMENT NUMBER: F 1000000 2181

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:

Mary Ellen Doran
Name of Contact Person

Med Supply Cabinet, Inc
Firm/Company

1519 Gehman Road
Address

Harleysville, PA 19438
City/State and Zip Code

medoran@aesbar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Ellen Doran at (215) 393-8672
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2011

MARY ELLEN DORAN
MED SUPPLY CABINET, INC.
1519 GEHMAN ROAD
HARLEYSVILLE, FL 19438

SUBJECT: MED SUPPLY CABINET, INC.
Ref. Number: F10000002181

We have received your document for MED SUPPLY CABINET, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 111A00012968

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Med Supply Cabinet, Inc
2. The principal office address: 1519 Gehman Road, Harleysville, PA
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/20/2000 Document number: F100000002181
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)

~~resigned~~ LIZA MARASKI
3715 Lake Buena Vista Rd
Windermere, FL 34785

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

Mary Ellen Doran
2500 Drane Field Road
P.O. Box NOT acceptable
Lakeland, FL 33811

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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.

Thomas W Doran
Signature of an officer or director

Thomas W Doran
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.

Mary Ellen Doran
Signature of Registered Agent

May 11, 2011
Date

If signing on behalf of an entity:

Med Supply Cabinet, Inc
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