

F13000000589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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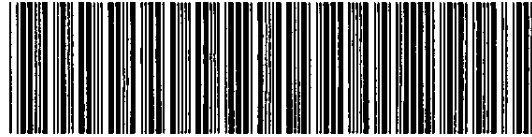
(Business Entity Name)

(Document Number)

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T. BROWN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2013

HEALTHTECH RECEIVABLES MANAGEMENT, INC.
3450 BUSCHWOOD PARK DRIVE, SUITE 240
TAMPA, FL 33618

SUBJECT: HEALTHTECH RECEIVABLES MANAGEMENT, INC.

Ref. Number: F13000000589

Our records indicate the registered agent for the above named corporation resigned on June 3, 2013 and that this corporation currently does not have a registered agent designated.

Pursuant to Florida Statutes 607/617, this office is required to give 60 days notice of our intent to revoke the certificate of authority of a foreign corporation authorized to transact business in Florida for failing to appoint and maintain a registered agent.

This letter is your notice of our intent to revoke the above named corporation's certificate of authority to transact business in Florida 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Gary Blankenbaker
Document Specialist
Division of Corporations

Letter Number: 213A00018913

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, 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: Healthtech Receivables Management, Inc.
2. The principal office address: 3450 Buschwood Park Drive Suite 240
TAMPA, FL 33618
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/06/2013 Document number: F13000000589

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

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

JOSE E. MOJICA

3450 BUSCHWOOD PARK DRIVE SUITE 240

P.O. Box NOT acceptable

TAMPA FL 33618

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]
Signature of an officer or director

JOSE E. MOJICA
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.

[Signature]
Signature of Registered Agent

AUGUST 14, 2013
Date

If signing on behalf of an entity:

JOSE E. MOJICA

Typed or Printed Name

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

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