



# F94000000056

ACCOUNT NO. : 072100000032

REFERENCE : 404860 7169764

AUTHORIZATION :

COST LIMIT : \$ 35.00

*Patricia Pigott*

ORDER DATE : August 8, 2001

ORDER TIME : 2:21 PM

ORDER NO. : 404860-045

CUSTOMER NO: 7169764

CUSTOMER: Ms. Gail Davis  
King's Medical Group, Inc.  
1894 Georgetown Road

Hudson, OH 44236

500004527855--8

RECEIVED

01 AUG -9 PM 3:59

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NAME:

KING'S MEDICAL COMPANY

CHANGE OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
XX ☐ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

*POA Change  
8-10-01  
BWS*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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,  
the undersigned corporation organized under the laws of the State of Ohio  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.*

1. The name of the corporation : KING'S MEDICAL COMPANY
2. The mailing address of the corporation : 1894 Georgetown Road Hudson, Ohio 44236
3. Date of incorporation/qualification: 01/04/1994 Document number: F94000000056
4. The name and address of the current registered agent and office:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

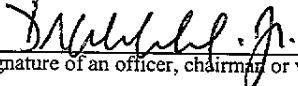
Corporation Service Company

1201 Hays Street

Tallahassee, Florida 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.


  
(Signature of an officer, chairman or vice chairman of the board)

08-01-2001  
(Date)

Dennis Abbuhl, Secretary

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

  
(Signature of Registered Agent)

8-8-01  
(Date)

If signing on behalf of an entity:

Monique Weaver

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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

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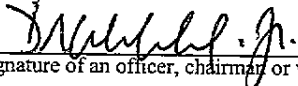
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