

F940000000306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

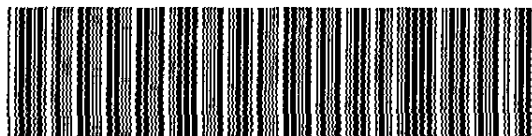
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*CP
Change*

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DIVISION OF CORPORATION

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*FOR
11/4/03*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 288835 7231501

AUTHORIZATION :

COST LIMIT :

\$ 35. *Patricia Piguet*

ORDER DATE : October 21, 2003

ORDER TIME : 3:06 PM

ORDER NO. : 288835-025

CUSTOMER NO: 7231501

CUSTOMER: Shirley Esperanza
Mp Totalcare
615 South Ware Blvd

Tampa, FL 33619

CHANGE OF AGENT

NAME: DS MEDICAL SUPPLY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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

1. The name of the corporation: DS MEDICAL SUPPLY, INC.
2. The principal office address: 2105 Newpoint Place, Suite 600, Lawrenceville, GA 30043
3. The mailing address (if different): _____

4. Date of incorporation/qualification: January 21, 1994 Document number: F94000000306

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

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 or personal mailbox 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.

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

Maureen Cullen, Attorney in Fact
(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.

Jacqueline M. Giles
(Signature of Registered Agent)

October 28, 2003
(Date)

If signing on behalf of an entity:

Jacqueline M. Giles
(Typed or Printed Name)

Asst. Vice President
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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