

F95000001165

(Requestor's Name)

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(City/State/Zip/Phone #)

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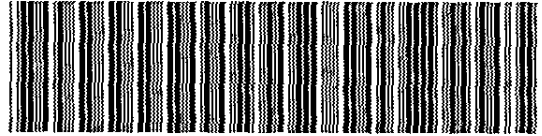
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

ADP  
12/3/02



ACCOUNT NO. : 072100000032

REFERENCE

760131

5047089

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : September 25, 2002

ORDER TIME : 2:13 PM

ORDER NO. : 760131-060

CUSTOMER NO: 5047089

CUSTOMER: Ms. Joyce Turner  
Mps Group, Inc.  
One Independent Drive  
8th Floor  
Jacksonville, FL 32202

CHANGE OF AGENT

NAME: ELITE MEDICAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

**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 Georgia 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 : ELITE MEDICAL, INC.

2. The mailing address of the corporation : 1979 Lakeside Parkway, Suite 250

Tucker, Georgia 30084

3. Date of incorporation/qualification: 03/10/1995 Document number: F950000001165

4. The name and address of the current registered agent and office:

Tom Termotto

1311 Executive Center Drive, Ellis Building, Suite 231

Tallahassee, Florida 32301

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.

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

11-22-02  
(Date)

Gerald Robinson, Vice President of Tax  
(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.*

Laura R. Dunlap  
(Signature of Registered Agent)

11/26/02  
(Date)

If signing on behalf of an entity:

Laura Dunlap

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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