

F9 900000 2935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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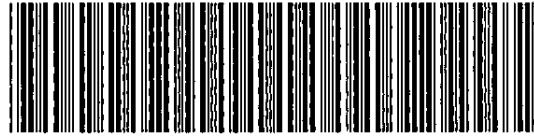
(Business Entity Name)

(Document Number)

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2012 JUN 28 PM 12:14  
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TALLAHASSEE, FLORIDA

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 06-28-2012**

**NAME: LIFELINES MEDICAL SOLUTIONS, INC.**

**TYPE OF FILING: CHANGE OF REGISTERED AGENT**

**COST: \$35**

**RETURN:**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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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, this statement of change is submitted for a corporation organized under the laws of the State of IN in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:

Lifelines Medical Solutions, Inc.

2. The principal office address:

43000 W. Nine Mile Road, Suite 302

Novi

MI

48375

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/04/1999

Document number: F99000002935

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

Corporation Service Company

1201 Hays Street

Tallahassee FL 32301

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

National Corporate Research, Ltd., Inc.

155 Office Plaza Drive

(P.O. Box NOT acceptable)

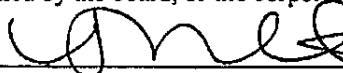
Tallahassee

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, or the corporation has been notified in writing of the change.



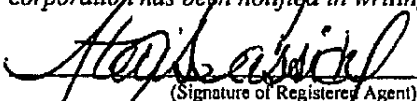
(Signature of an officer or director)

Lynn M. Oates

Vice President

(Printed or typed name and title)

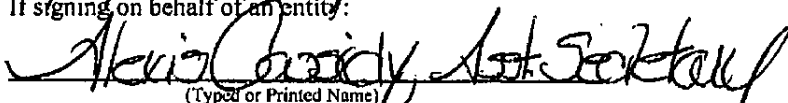
*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, 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 of Registered Agent)

6/27/2012  
(Date)

If signing on behalf of an entity:



(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

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