

# K47033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

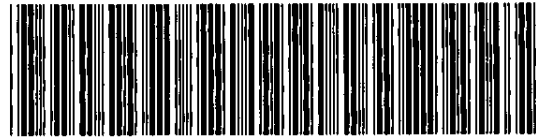
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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RA  
Change

RECEIVED

08 NOV - 6 AM 10:48

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2008 NOV - 6 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AR  
11/6/08



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 783220 7401548

AUTHORIZATION

COST LIMIT : \$ 35.00

*[Handwritten signature]*

ORDER DATE : November 6, 2008

ORDER TIME : 8:35 AM

ORDER NO. : 783220-005

CUSTOMER NO: 7401548

CHANGE OF AGENT

NAME: MEDICAL DATA SYSTEMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER: \_\_\_\_\_

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

1. The name of the corporation: Medical Data Systems, Inc.
2. The principal office address: 2001 9th Ave, Suite 312, Vero Beach, FL  
32960
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/23/1988 Document number: K47033

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

James F. McCollum, P.A.

2001 9th Ave Suite 312

Vero Beach, FL 32960 US

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

Corporation Service Company

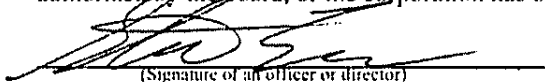
1201 Hays Street

(P.O. Box 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.

  
(Signature of an officer or director)

Steven Evans, Controller  
(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.

Corporation Service Company  
By:   
(Signature of Registered Agent)

11/5/08  
(Date)

If signing on behalf of an entity:

Doreen Wallace  
Assistant Vice President

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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