

L05000033127

(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:

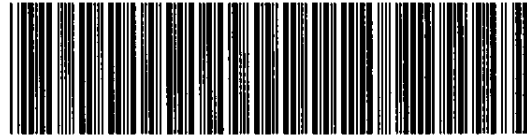
RA

Office Use Only

B. KOHR

DEC 26 2012

EXAMINER



300242940403

12/20/12--01020--022 **25.00

FILED
12 DEC 20 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Highland Oaks One
10150 Highland Manor Drive, Suite 300
Tampa, FL 33610-9712

December 18, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Opis Medical Supply, LLC
FEI/EIN Number: 830425412

Dear Sir or Madam:

Enclosed for filing please find:

1. Statement of Change of Registered Agent for the above Limited Liability Company, and
2. The required \$25.00 filing fee made payable to Florida Department of State.

Please return all correspondence concerning this matter to the following:

Opis Management Resources, LLC
Attn: LaJeana C. Deane, Corporate Paralegal
10150 Highland Manor Drive, Suite 300
Tampa, Florida 33610.

Should you have any questions, please feel free to contact me at 813-558-6646 or via email at LaJeana.Deane@OpisMR.com.

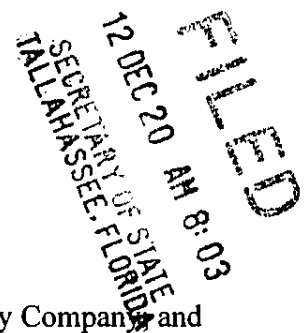
Sincerely,

A handwritten signature in black ink that reads "LaJeana C. Deane". The signature is written in a cursive, flowing style.

LaJeana C. Deane, Corporate Paralegal
Opis Management Resources, LLC

/lcd

Enclosures – as stated



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Opis Medical Supply, LLC

2. (a) Principal office address of limited liability company: 10150 Highland Manor Drive
Suite 300
Tampa, Florida 33610
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 10150 Highland Manor Drive
Suite 300
Tampa, Florida 33610
(Note: MAY BE POST OFFICE BOX)

04/05/05

3. Date of filing/registration in Florida

4. Document number

L05000033127

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Dan Dias, P.A.

Registered Office Address:

5102 West Laurel Street

Suite 700

Tampa, Florida 33607

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

David Powers, Esquire

NEW Registered Office Address:

7777 Glades Road

(MUST BE FLORIDA STREET ADDRESS)

Suite 300

Boca Raton

FL 33434

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary G. Wood
Signature of a member or authorized representative of a member

Mary G. Wood
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00