

L17256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

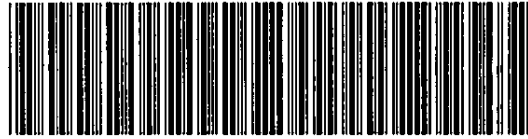
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400279073814

11/20/15--01004--010 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 DEC 31 PM 12:49

JAN - 4 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2015

CLEVELAND D. WEST / CORAL MEDICAL EQUIPMENT & SUPPLY  
87889 OVERSEAS HWY  
ISLAMORADA, FL 33036 US

SUBJECT: CORAL MEDICAL EQUIPMENT & SUPPLY, INC.  
Ref. Number: L17256

We have received your document for CORAL MEDICAL EQUIPMENT & SUPPLY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 115A00024617

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Coral Medical Equipment and Supply, Inc  
Name of Corporation

DOCUMENT NUMBER: L17256

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cleveland D West

Name of Contact Person

Coral Medical Equipment & Supply, Inc

Firm/Company

87899 Overseas Hwy

Address

Islamorada FL 33036

City/State and Zip Code

melanie@coralmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Cerra

Name of Contact Person

at ( 305 ) 8527375 x309

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of the corporation: Coral Medical Equipment & Supply, Inc
2. The principal office address: 87899 Overseas Hwy  
Islamorada, FL 33036
3. The mailing address (if different): P O Box 9720  
Tavernier FL 33070
4. Date of incorporation/qualification: 9/19/1989 Document number: L17256
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cathy Battreall - Resigned

87899 Overseas Hwy

Islamorada FL 33070

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

Cleveland D West

87899 Overseas Hwy

P.O. Box NOT acceptable

Islamorada FL 33036

FILED  
SECTION OF STATE  
DIVISION OF CORPORATIONS  
15 DEC 31 PM 12:50

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.

Cleveland D West  
Signature of an officer or director

Cleveland D West, 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.*

Cleveland D West  
Signature of Registered Agent

11/2/15

Date

If signing on behalf of an entity:

Cleveland D West

Typed or Printed Name

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