

L 26265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

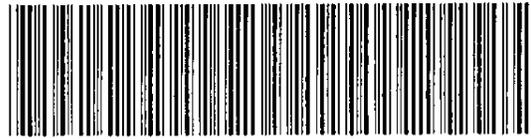
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200188731982

12/22/10--01001--025 **1855.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 DEC 21 PM 4: 39

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 21 PM 4: 58

R.A. Chong
C. COULLETTE

DEC 22 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN

DATE: 12/21/2010

REF. #: 000076.138683

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF REGISTERED AGENT | | |

STATE FEES PREPAID WITH CHECK# 537824 FOR \$ 1855.00 (for 53)

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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: MEDICAL ELECTRO-THERAPEUTICS, INC.

2. The principal office address: 2600 TECHNOLOGY DRIVE, SUITE 300, ORLANDO FL 32804 US

3. The mailing address (if different): P.O. BOX 53-6576, ORLANDO FL 32853-6576 US

4. Date of incorporation/qualification: 10/27/1989 Document number: L26265

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 US

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

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 21 PM 4:52

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.

Michele Holden
(Signature of an officer or director)

MICHELE HOLDEN, ASST SECT
(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.

Michele Holden
(Signature of Registered Agent)

12/21/2010
(Date)

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT
(Typed or Printed Name)

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