

L98000002748

North Florida
Respiratory Services

Post Office Box 1635
Crawfordville, FL 32326

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-03/21/02--01032--003
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
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3. _____
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(Corporation Name) (Document #)

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- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

L98-2748
ae

Examiner's Initials

North Florida Respiratory Services

Post Office Box 1635
Crawfordville, Florida 32326

Toll Free 1-888-740-8296
FAX (850) 926-9766
Mobile (850) 508-1639

To whom it may concern,

Please send a refund form so we can be refunded the
difference in filing fees.

Thanks,
Vickie Brown

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 25, 2002

NORTH FLORIDA RESPIRATORY SERVICES
PO BOX 1635
CRAWFORDVILLE, FL 32326

SUBJECT: NORTH FLORIDA RESPIRATORY SERVICES, LLC
Ref. Number: L98000002748

We have received your document for NORTH FLORIDA RESPIRATORY SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 802A00017656

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TALLAHASSEE, FLORIDA

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**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. The name of the limited liability company is: North Florida Respiratory Services, LLC

2. The mailing address of the limited liability company is: P. O. Box 1635

Crawfordville, FL 32326

11/18/1998

L98000002748

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Van P. Geeker

Name

215 S. Monroe Street, Suite 705

Address

Tallahassee, Florida 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

Van P. Geeker

Name

Igler & Dougherty, P.A.

Florida street address (P.O. Box NOT acceptable)

1501 Park Avenue East

Tallahassee FL 32301

City, State and Zip

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.

Vickie D. Brown
(Signature of a member or authorized representative of a member)

Vickie D. Brown

(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.

Van P. Geeker
(Signature of Registered Agent)

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

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