

L99692

Lisa Marie Reed
The Medical Escrow Society
205 N. Texas Ave.
Tavares, FL 32778

City/State/Zip Phone #

Office Use Only

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

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

FILED
00 FEB -7 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-02/07/00--01016--001
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RAIRO
change

Q. PAYNE FEB 7 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 24, 2000

Lisa Marie Reed
The Medical Escrow Society, Inc.
205 N. Texas Ave.
Tavares, FL 32778

SUBJECT: MEDICAL ESCROW SOCIETY, INC.
Ref. Number: L99692

We have received your document for MEDICAL ESCROW SOCIETY, INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form
should be completed and returned to this office with a filing fee of \$35.

Please return a copy of this letter along with your document to ensure proper
handling.

If you have any questions concerning this matter, please either respond in writing
or call (850) 487-6901.

Susan Payne
Senior Section Administrator

Letter Number: 300A00003151

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, the undersigned corporation organized under the laws of the State of Florida 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 corporation is: The Medical Escrow Society, Inc.

2. The mailing address of the corporation is: 205 North Texas Avenue
TAVARES FL 32778

3. Date of incorporation/qualification: _____ Document number: L99612

4. The name and address of the current registered agent and office:

W. Graham White, Esq.
250 Park Avenue South, 5th Floor
Winter Park, FL 32789

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

LISA MARIE REED
205 North Texas Avenue
TAVARES, FL 32778

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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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

11/31/2000
(Date)

LISA MARIE REED President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

11/31/2000
(Date)

If signing on behalf of an entity:

The Medical Escrow Society
(Typed or Printed Name)

President
(Capacity)

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