## 1105000004091

(Re	equestor's Name	)
(Ac	ldress)	
· (Ac	idress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		
		_
		(6)

Office Use Only



200163691572

12/22/09--01001--014 \*\*25.00

FILED

09 DEC 18 PH 12: 48

SECRETARY OF STATE

J. BRYAN

DEC 2 1 2009

EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

12/14/2009 FLORIDA

REP UNIT:

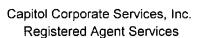
**HYGEIA MEDICAL EQUIPMENT LLC** 

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #18535 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

FILED

09 DEC 18 PH 12: 48

SECRETARY OF STATE
TALLAHASSEE, FLORID





## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HYGEIA MEDICAL EQ (Name of Lin	UIPMENT LLC nited Liability Company)	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Myra Homer (Name of Person)		Z SE
Capitol Corporate Services, In	ıc.	CRE IANT
800 Brazos, Suite 400		SEEL FLORIDI
Austin, TX 78701 (City/State and Zip Code)	· .	A
For further information concerning this matter, ple	ease call:	
Myra Homer at (at (	800 ) 345 - 4647 (Area Code & Daytime Telephone Number)	<b></b>
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
<b>☎</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

TO:

## 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: HYGEIA	MEDICAL EQUIPMENT LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2 NORTH PALAFOX STREET PANSACOLA FL 32502
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 NORTH PALAFOX STREET PENSACOLA FL 32502
7/18/2005  3. Date of filing/registration in Florida	M05000004091 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	REBAK, P.A., JOSEPH L
Registered Office Address:	TEW CARDENAS, 1441 BRICKELL AVENUE 15TH FLOOR MIAMI FL 33131 US
(b) Enter name of NEW Registered Agent and/or NEW	W Registered Office address:
NEW Registered Agent:	Capitol Corporate Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. STE A  Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	laws of the State of Florida, it is hereby confirmed t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited f organization or the operating agreement of the
(Signature of a member or authorized representative of a member)	-
Mitchell Stever, Manager (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
Scientific Classe Delanie Case, Ass (Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00