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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

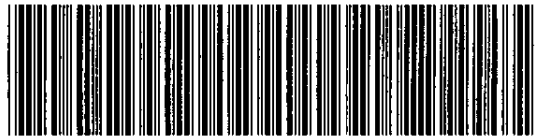
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TALLAHASSEE, FLORIDA

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T. CLINE

APR - 6 2009

EXAMINER



**CAPITOL  
SERVICES**

**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:** 3/31/2009  
**STATE:** FLORIDA  
**REP UNIT:** PSC MEDSUPPLY, LLC

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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 #16133 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**  
**2009 APR -3 AM 10:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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Capitol Corporate Services, Inc.  
Registered Agent Services



13-20425

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PSC MEDSUPPLY, LLC  
-(Name of Limited 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 matter to the following:

Myra Homer

(Name of Person)

Capitol Corporate Services, Inc.

(Firm/Company)

800 Brazos, Suite 400

(Address)

Austin, TX 78701

(City/State and Zip Code)

**FILED**  
2009 APR -3 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Myra Homer

(Name of Person)

at ( 800 ) 345 - 4647

(Area Code & Daytime Telephone Number)

**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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certificate

Return acknowledgment to:

INHS18 (5/08)

  
**Capitol Services, Inc.**  
P.O. Box 1831 Austin, TX 78767  
800/345-4647 MSN

**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: PSC MEDSUPPLY, LLC

2. (a) Principal office address of limited liability company: 204 East McKenzie St., Unit A  
(Note: MUST BE STREET ADDRESS) Punta Gorda, FL 33950

(b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: MAY BE POST OFFICE BOX) \_\_\_\_\_

5/14/2008

3. Date of filing/registration in Florida

M08000002309

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: John M. Fitte

Registered Office Address: 204 McKenzie Str., Unit A  
Punta Gorda, FL 33950

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CAPITOL CORPORATE SERVICE

NEW Registered Office Address: 155 OFFICE PLZ DR STE A  
(MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE, FL 32301

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.

Rudy Rutter  
(Signature of a member or authorized representative of a member)

RUDY RUTTER  
(Printed or typed name of signer)

*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.*

Delanie Case Delanie Case, Asst. Sec.  
(Signature of Registered Agent)

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

INH518 (05/08)

2009 APR -3 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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