

CT CORPORATION SYSTEM	•	
Requestor's Name 660 East Jefferson Stre	et	800002700298—-1 -12/02/3801048025
Address Tallahassee, FL 32301	222-1092 Phone	*****35.00 *****35.00
City State Zip		
CORPORATIO	N(S) NAME	
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	-	DEC T
· :		762
DOCTORS Choice 1	time medical	Equipment of Caryo Ports
Uoctors Character		<u> </u>
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Document Examiner	142	JEFFREY D. BUTTERFIELD
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J-A17-		JEFFREY D. BUTTERFIELD
Verifier		44Q
Acknowledgment		
W.P. Verifier		

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617. rporation organized under the laws of the State of $_$ Florida	
unaersignea co.	owing statement in order to change its registered office or regis	tered agent, or both, in the
State of Florida		
	the corporation is: <u>Doctors Choice Home Medical Equ</u>	ipment of Largo, Inc.
2. The mailing a	address of the corporation is: 15371 Roosevelt Blvd., #	*
	Clearwater, FL 34620	US
3. Date of inco	rporation/qualification: 02/02/88 Document num	ber: <u>M66643</u>
4. The name an	d address of the current registered agent and office:	
	Nicholas Dorich	_ PEG A
	860 Pinellas Bay Way	
	Tierra Verde, FL 33715 US	
5. The name an	d address of the new registered agent and office: (P. O. Box Not CT Corporation System c/o C T Corporation System	t Acceptable)
	1200 South Pine Island Road	
	Plantation, FL 33324	
agent, as chan	ress of its registered office and the street address of the busine ged, will be identical.	
Such change v	vas authorized by resolution duly adopted by its board of dire the beard.	ctors or by an officer so
Fusie	(d.5)	11/20/98
(Signatu	are of an officer, chairman or vice chairman of the board)	(Date)
Eugene P.	Crisman, Vice President	11/20/98
Having been i corporation, l I further agre performance registered age	(Printed or typed name and title) named as registered agent and to accept service of process for hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the pof my duties, and I am familiar with and accept the obligation and	(Date) or the above stated se to act in this capacity. oroper and complete or of my position as
	(Signature of Registered Agent)	(Date)
If signing on be	Steven C. Patterson Special Assistant Secretary	
	(Typed or Printed Name)	(Capacity)
CR2E045(4/95)		FILING FEE: \$35.00