

P00000018937

Requester's Name

EMED Billing Specialists  
14281 N. royal Cove Circle  
Davie, FL 33325

ne #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **588884645545--2**  
-10/19/01--01036--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 19 PM 12:40

R01 change

Examiner's Initials

10.23.01

**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 \_\_\_\_\_ 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 : EMED Billing Specialists, Inc.
2. The mailing address of the corporation : 14281 N. Royal Cove Circle  
Davie, FL 33325
3. Date of incorporation/qualification: 2/18/2000 Document number: P00000018937
4. The name and address of the current registered agent and office:

TODD H. EHLERS  
1681 SW 84th Ave  
Fort Lauderdale FL 33325

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)  
(P. O. Box Not Acceptable)

(New Address) TODD EHLERS  
14281 N. Royal Cove Circle  
Davie FL 33325

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.

Todd Ehlers

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

10/17/01

(Date)

TODD EHLERS 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.

Todd H Ehlers

(Signature of Registered Agent)

10/17/01

(Date)

If signing on behalf of an entity:

Todd Ehlers

(Typed or Printed Name)

President

(Capacity)

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

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