

P00000030447

Requester's Name _____

Address _____

City/State/Zip _____ Phone # _____

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) 800003418388--7
-10/09/00--01085--017
*****70.00 *****35.00
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

De 10-11

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.

1a. The name of the corporation is: ORION MEDICAL EQUIPMENT CORP.

1b. The mailing address of the corporation is: 3905 S.W. 137th avenue, Suite C-3
Miami, FL 33175

1c. Date of incorporation: March 24, 2000 Document number: P00000030447

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

RITA M. GARCIA

13285 N.W. 11th Terrace

Miami, FL 33182

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

FRANCISCO LARREA

3905 S.W. 137th Avenue, Suite C-3

Miami, FL 33175

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.

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

September 26, 2000

(Date)

RITA M. GARCIA

(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.

Francisco Larrea
(Signature of Registered Agent)

September 26, 2000

(Date)

If signing on behalf of an entity:

FRANCISCO LARREA

(Typed or Printed Name)

PRESIDENT, TREASURER, SECRETARY
(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA