

Division of Corporations

P00000073982 (1/4)
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 12/9

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
MED-TECH SERVICES OF DADE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

RA/RO Change

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TALLAHASSEE, FLORIDA
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Corporate Filing Menu

Help

850-617-6381 12/10/2013 12:10:44 PM PAGE 17/001 Fax Server



December 10, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MED-TECH SERVICES OF DADE, INC.
311 PARK PLACE BOULEVARD
SUITE 500
CLEARWATER, FL 33759-3999US

SUBJECT: MED-TECH SERVICES OF DADE, INC.
REF: P00000073982

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the Florida Document Number in line 4.

An officer/director of the corporation must sign the document authorizing the Registered Office and/or Agent Change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

FAX Aud. #: H13000269682
Letter Number: 413A00028041

RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE-SUBMIT

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date of submission 12/19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Med-Tech Services of Dade, Inc.

Name of Corporation

DOCUMENT NUMBER: 800000073982

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Ulin

Name of Contact Person

Kindred Healthcare Inc.

Firm/Company

680 South Fourth Street

Address

Louisville, KY 40202-2412

City/State and Zip Code

deborah.uliu@kindredhealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Med-Tech Services of Dade, Inc.
2. The principal office address: 680 South Fourth Street, Louisville, KY 40202-2412
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-3-2000 Document number: P000000073982
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mitchel G. Morel

311 Park Place Blvd. Suite 510

Clearwater, FL 33759-3999

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: _____

Signature of Registered Agent

12/6/13
Date

If signing on behalf of an entity: _____

Kristin Bolden
Assistant Secretary

Typed or Printed Name

JOSEPH L. LANDENBICK, SECRETARY

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E645 (03/12)

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