

Florida Department of State
Division of Corporations
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To:

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

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Account Name : CRARY, BUCHANAN, BOWDISH, ET AL
Account Number : 076424001425
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
MEDICAL EQUIPMENT TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL EQUIPMENT TECHNOLOGIES, INC.
Name of Corporation

DOCUMENT NUMBER: P00000097657

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:

Lawrence E. Crary III
Name of Contact Person

Crary Buchanan, P.A.
Firm/Company

759 SW Federal Highway, Suite 106
Address

Stuart, FL 34994
City/State and Zip Code

russ.knowles@remetronix.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa R. Taube at (772) 233-4602
Name of Contact Person 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 (8/05)

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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: MEDICAL EQUIPMENT TECHNOLOGIES, INC.
 2. The principal office address: 2172 NW Reserve Park Trace
Port St. Lucie, FL 34980
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/16/2000 Document number: P00000097657

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)

Lawrence E. Crary III

555 Colorado Avenue

Stuart, FL 34994

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

Lawrence E. Crary III

759 SW Federal Highway, Suite 106

P.O. Box NOT acceptable

Stuart, FL 34994

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]
Signature of an officer or director

Russell J. Knowles, President
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.

[Signature]
Signature of Registered Agent

February 28, 2012
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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