

# RESPIRATORY

**PROVIDERLINK, INC.**

*"your LINK to increased value"*

TOLL FREE 888 546 7723

2881 SHENANDOAH ROAD  
DELAND, FL 32720

**P01000024965**

May 22, 2001

Mr. Joey Bryan  
Document Specialist  
Division of Corporations  
Corporate Records Bureau  
409 East Gaines Street  
Tallahassee, FL 32399

800004376098--4  
-06/07/01--01076--017  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Change of Registered Agent  
Respiratory Providerlink, Inc.

Dear Mr. Bryan,

Please find enclosed a Change of Registered Agent for Respiratory Providerlink, Inc. and Consent for me to be the Registered Agent. This letter serves as notice to affect said change.

Your prompt attention regarding this matter is appreciated. Please send confirmation of filing of change to me at the above address.

Sincerely,



C. Randy Harrod  
President

FILED  
01 JUN -6 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RA Change*

T. LEWIS JUN 7 2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 30, 2001

C. RANDY HARROD  
RESPIRATORY PROVIDERLINK, INC.  
2881 SHENANDOAH ROAD  
DELAND, FL 32720

SUBJECT: RESPIRATORY PROVIDERLINK, INC.  
Ref. Number: P01000024965

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 801A00032878

RECEIVED  
01 JUN -6 AM 10:17  
DIVISION OF CORPORATIONS

**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.

1. The name of the corporation : Respiratory ProviderLink, Inc.
2. The mailing address of the corporation : 2881 Shenandoah Road  
De Land, FL 32720
3. Date of incorporation/qualification: March 6, 2001 Document number: PO1000024965
4. The name and address of the current registered agent and registered office:

Marilyn Clark  
1125 N. Summit Street  
Crescent City, FL 32112

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

C. Randy Harrod  
2881 Shenandoah Road  
DeLand, FL 32720

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.

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

June 3, 2001  
(Date)

C. Randy Harrod 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.

[Signature]  
(Signature of Registered Agent)

June 3, 2001  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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