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RA Change /14/03

TRANSMITTAL LETTER

Chesapeake Infusion, Inc. SUBJECT: (Name of corporation) P01000101805 DOCUMENT NUMBER:__ 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: Rebecca Shanahan (Name of person) Chesapeake Infusion, Inc. (Name of firm/company) 250 Technology Park # 124 (Address) Lake Mary, F. 32746 (City/state and zip code) For further information concerning this matter, please call: at (407) 804-6734 (Area code & daytime telephone number) Sherry Markey (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327 **Street Address:** Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	he provisions of sect	ions 607.0502, 61	[7.0502, e	607.15	98, or 617	7.1508,	Florida St	atutes,
this statement Florida	of change is submitte in order to e	ed for a corporatio change its register	_					e State
of Florida.	.,			-			•	
1. The name of	f the corporation:	Chesapeake I	nfusion	n, Inc				
2. The principa	al office address:	140 Quigley	Blvd.	New	Castle,	DE.	197800	3
								- Z
3 The mailing	address (if different	250 Techr	ology a	ark #	124			0
_	lry, FL. 32746	/ 			:		70,	
					,,,,,			- 49
4. Date of inco	rporation/qualification	on: 10/19/01		Docur	nent numb	er: P	010001018	3 <u>05 </u>
	nd street address of the artment of State;	ne current registere	ed agent a	ind reg	istered offi	ice on f	file with the	:
	C T COI	RPORATION SYST	EM					
	1200 S.	Pine_Island	Road			~ <u>~</u>	-	
	Plantai	ion, Fla. 3	3324				_ _	
6. The name a changed):	and street address of	the new registere	ed agent ((if chai	nged) and	/or reg	gistered off	ice (if
	Rebecca	Shanahan						
	250 Tec	hnology Park #	<i>‡</i> 124					
	•	P.O. Box or personal mails	XX NOT acce	eptable)				•
	Lake Ma	ry, FL. 32746					_	
The street addr	ess of its registered ged will be identical.	office and the stre	et addres	s of the	e business	office	of its regis	tered
Such change wanthoutzed by t	as authorized by res	olution duly adop poration has been	ted by its notified i	board n writi	of directoring of the o	rs or by	y an officer	: SO
Healer	A) M		Ŝtepl	hen Sa	aft, Tre	asure		_
	y, chairfoan or vice chairman				r typed name a	•	_	
furtherlagree	t the appointment as to comply with the pf my duties, and I and I and I. On if this docum heriby confirm the	provisions of all st familiar with an	tatutes rei d'accent i	lative t the obl reflect notifie	o the prop igation of a change ed in writi	er and my pos in the ng of ti	' complete sition as	
/ 11 /	Signature of Registered Agent	_		/	2 - 20 - 0 (Date)	2		
f signing on Jeha		•			•			
Rebecca S			Se	ecreta	ary			
	Tyned or Printed Name)				(Capacity)			-

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