

PD10000101841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

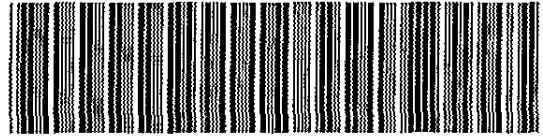
(Business Entity Name)

(Document Number)

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10/30/02--01091--001 \*\*35.00  
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10/30/02--01091--001

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02 OCT 30 PM 4: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/30/02  
RAIRO  
change  
sf

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

Document ID: P01000101841

Please make changes to Article V for the registered name and street address of the registered agent as follows:

**Article V**  
Wayne D. Clark  
6833 Corral Circle  
Sarasota, FL 34243

RECEIVED

02 SEP 30 PM 1:34

DIVISION OF CORPORATIONS

Thank you for your assistance.

Sincerely,



Mark Clark, *President*  
Express Medical Services  
6835 Shiloh Rd. E.  
Suite C-2  
Alpharetta, GA 30005



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 30, 2002

Mark Clark  
Express Medical Services  
6835 Shiloh Rd. E., Ste. C-2  
Alpharetta, GA 30005

SUBJECT: EXPRESS MEDICAL SERVICES CORPORATION  
Ref. Number: P01000101841

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

To change the registered agent and office either the enclosed statement of change form can be completed and returned to this office with the filing fee of \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 302A00055084

**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: Express Medical Services, Inc.
2. The mailing address of the corporation: 6835 Shiloh Rd E, C-2  
Alpharetta, GA 30005
3. Date of incorporation/qualification: Oct 20, 2001 Document number: PO1000101891
4. The name and address of the current registered agent and registered office:

Hugh C Ferrell  
4924 Hidden Oaks Trail C-2  
Sarasota, FL 34232

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

Wayne D. Clark  
6833 Corral Circle  
Sarasota, FL 34243

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.

Mark R. Clark, Pres  
(Signature of an officer, chairman or vice chairman of the board)

10/27  
(Date)

Mark R. Clark 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.

Wayne D. Clark  
(Signature of Registered Agent)

10/25/02  
(Date)

If signing on behalf of an entity:

WAYNE D. CLARK  
(Typed or Printed Name)

Reg. Agent  
(Capacity)

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

FILED  
02 OCT 30 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA