

PD20000006659

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16 DEC 19 PM 2:58

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WALK IN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2016

RONALD DEMUTH
NATIONWIDE HOME MEDICAL SUPPLY, INC
6605 NANCY RIDGE DR
SAN DIEGO, CA 92121

SUBJECT: NATIONWIDE HOME MEDICAL SUPPLY, INC.
Ref. Number: P02000006659

We have received your document for NATIONWIDE HOME MEDICAL SUPPLY, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 616A00027038

Please keep original
file date.
Thanks!

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DIVISION OF CORPORATIONS
16 DEC 19 PM 2:58

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DIVISION OF STATE
17 JAN 11 AM 11:31

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONWIDE HOME MEDICAL SUPPLY, INC.
Name of Corporation

DOCUMENT NUMBER: P02000006659

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:

RONALD DEMUTH

Name of Contact Person

NATIONWIDE HOME MEDICAL SUPPLY, INC.

Firm/Company

6605 NANCY RIDGE DR

Address

SAN DIEGO/CA/92121

City/State and Zip Code

rdemuth@torreypinesinv.com

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

For further information concerning this matter, please call:

RONALD M DEMUTH at 858 717-2699

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

16 DEC 19 PM 2:50
RECEIVED
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, 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: NATIONWIDE HOME MEDICAL SUPPLY, INC.
2. The principal office address: 6605 NANCY RIDGE DRIVE, SAN DIEGO CA 92121

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/18/2020 Document number: P02000006659

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)

INCORP SERVICES, INC.
17888 67TH COURT
NORTH LOXAHATCHEE, FL 33470

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

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
P.O. Box NOT acceptable
Tallahassee, FL 32301

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

RONALD M DEMUTH, 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 of Registered Agent

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
CR2E045 (03/12)

16 DEC 19 PM 2:58
CORPORATION DIVISION

STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM

19 DEC 19 PM 2:50

DATE: 01/10/2017

ENTITY NAME: NATIONWIDE HOME MEDICAL SUPPLY, INC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Sharon Cooke

Sharon Cooke, Assistant Secretary
Paracorp Incorporated