

P020000021814

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR 13 PM 3:16

Adriana Velez  
6479 Nikki Way  
Lake Worth, Florida 33467

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **200005098982--9**  
-03/13/02--01026--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

*RA Chg.*  
V. SHEPARD MAR 19 2002

Examiner's Initials

**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: Med Distributors, Inc.

2. The mailing address of the corporation: 6479 Nikki Way, Lake Worth, FL 33467

3. Date of incorporation/qualification: 02/26/02 Document number: P02000021814

4. The name and address of the current registered agent and office:

Richard E. Basha, P.A.

600 South Andrews Avenue, Suite 302

Ft. Lauderdale, Florida 33301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Adriana Velez

6479 Nikki Way

Lake Worth, FL 33467

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

3/11/02  
(Date)

Adriana Velez, Pres., Dir., Sec., Treas.  
(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)

3/11/02  
(Date)

If signing on behalf of an entity:

Adriana Velez  
(Typed or Printed Name)

Agent  
(Capacity)

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

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