

P02000045692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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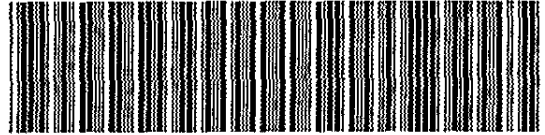
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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05/30

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SACRED MEDICAL SUPPLY, INC.
(Name of corporation)

DOCUMENT NUMBER: PC2000045942

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:

Daniel Bohatka
(Name of person)

SACRED MEDICAL SUPPLY, INC.
(Name of firm/company)

913 GULF BREEZE PKY. # 32
(Address)

GULF BREEZE, FL 32561
(City/state and zip code)

For further information concerning this matter, please call:

Daniel Bohatka at (850) 932-2344
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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: SACRED MEDICAL SUPPLY, INC.
2. The principal office address: 314 CAMELIA ST.
GULF BREEZE, FL 32561
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/22/02 Document number: PO2000045962

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jeffrey Reynolds
924 N. Palafox St.
Pensacola, FL 32501

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TALLAHASSEE, FLORIDA

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

WILLIAM DANIEL BOHATKA
913 GULF BREEZE Pkwy. Suite 32
(P.O. Box or personal mailbox NOT acceptable)
GULF BREEZE, FL 32561

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.

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

DANIEL BOHATKA - 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.

Daniel Bohatka
(Signature of Registered Agent)

5/20/03
(Date)

If signing on behalf of an entity:

Daniel Bohatka
(Typed or Printed Name)

PRESIDENT
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314