

PD30000004375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

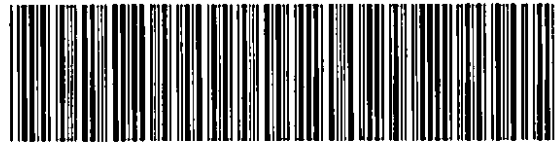
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32310

RA/chg

DEC 04 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: pro med instruments

Name of Corporation

DOCUMENT NUMBER: P03000004375

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:

Urs Brunner

Name of Contact Person

pro med instruments

Firm/Company

4529 SE 16th Place, Suite 101

Address

Cape Coral, FL 33904

City/State and Zip Code

u.brunner@pmisurgical.com

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

For further information concerning this matter, please call:

Urs Brunner

Name of Contact Person

at (239) 3692310

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2018

URS BRUNNER
PRO MED INSTRUMENTS INC
4529 SE 16TH PLACE - STE. 101
CAPE CORAL, FL 33904

SUBJECT: PRO MED INSTRUMENTS, INC.
Ref. Number: P03000004375

We have received your document for PRO MED INSTRUMENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Please sign the form in the space provided for the acceptance of registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 318A00022375

**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: pro med instruments
2. The principal office address: 4529 SE 16th Place, Suite 101 Cape Coral, FL 33904
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/13/2003 Document number: P03000004375
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)

Sandra L. McDonald

4529 SE 16th Place, Suite 101

Cape Coral, FL 33904

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

Urs Brunner

4529 SE 16th Place, Suite 101

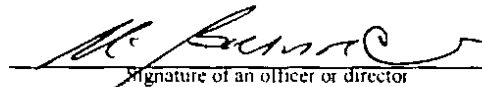
P.O. Box NOT acceptable

Cape Coral, FL 33904

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SECRETARY OF STATE

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

Urs Brunner VP & General Manager
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

08/14/2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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