

P03000036804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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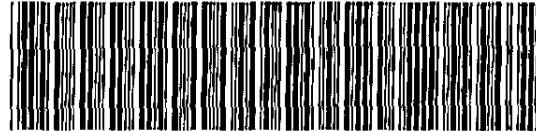
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*P.A. Chong*

C. Coulliette JUN 23 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** a-Affordable Home Health Care Equipment & Supplies, Inc  
(Name of corporation)

**DOCUMENT NUMBER:** P03000036804

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:

Barbara J. EVANS, VP  
(Name of contact person)

a-Affordable Home Health Care Equipment & Supplies, Inc  
(Firm/Company)

1156 Kapp Drive  
(Address)

Clearwater FL 33756  
(City/state and zip code)

For further information concerning this matter, please call:

Barbara Evans at ( 727 ) 449-1400  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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.

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