## P03000/05210

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





500230081595

04/20/12--01032--002 \*\*70

12 APR 20 PH 12: 47
SECRITIVAY OF SIATE

ND Change

APR 2 7 2012 T. LEWIS

## COVER LETTER , \* ,

TO: Amendment Section Division of Corporations			
SUBJECT: FIVE STAR MEDICAL BILLING SERVICES, INC.  Name of Corporation			
DOCUMENT NUMBER: P03000105210			
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:			
·			
CYNTHIA BANDALY			
Name of Contact Person			
FIVE STAR MEDICAL BILLING SERVICES, INC.			
Firm/Company			
4000 MEDEDITA DONE			
1236 MEREDITH DRIVE Address			
Addition			
SPRING HILL, FL 34608-6232			
City/State and Zip Code			
CABANDALY@GMAIL.COM  E-mail address: (to be used for future annual report notification)			
2 shan address. (to be used for future almuar report notification)			
For further information concerning this matter, please call:			
CYNTHIA BANDALY at ( 352 ) 232-3310			
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  Street Address: Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

## 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: FIVE STAR MEDICAL BILLING SERVICES, INC.
2. The principal office address: 1236 MEREDITH DRIVE  SPRING HILL, FL 34608-6232
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/24/03 Document number: P03000105210
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)
CYNTHIA BANDALY
2263 DANFORTH ROAD
SPRING HILL, FL 34608
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CYNTHIA BANDALY 물로 모
(if changed):  CYNTHIA BANDALY  1236 MEREDITH DRIVE
P.O. Box NOT acceptable  SPRING HILL, FL 34608-6232
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.
Hullia Sandaly President Cynthia Bandaly 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  1-16-12  Date
If signing on behalf of an entity:
Cynthia Bandaly 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 (8/05)