

PD3000112372

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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REGISTERED AGENT CHANGE
AFFORDABLE MEDICAL EQUIPMENT SOLUTIONS, INC.

| | |
|-----------------------|---------|
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R. White
JUL 25 2013

R. WHITE

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**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: AFFORDABLE MEDICAL EQUIPMENT SOLUTIONS, INC.
2. The principal office address: 9275 Medical Plaza Drive Suite D, North Charleston, South Carolina 29406
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/10/2003 Document number: P03000112372
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)

MATHEW, MADHU M

515 East Park Avenue

Tallahassee, FL 32301

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

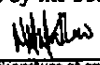
Business Filings Incorporated

515 E. Park Avenue, Tallahassee, Florida 32301

P.O. Box NOT acceptable

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

Madhu M Mathew, 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.*


Signature of Registered Agent

8th day of July, 2013

Date

If signing on behalf of an entity:

Mark Williams, AVP

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
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