

P04000059740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

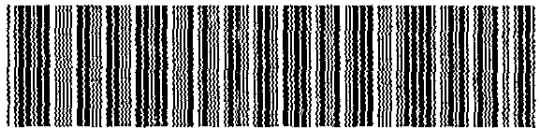
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2 LA Chay
8/9/04

July 28, 2004

Attention: Florida Department of State
Division of Corporations
Corporate Filings

Re: Medical Training School, Inc.
ID: P04000059740

Please change the Medical Training School, Inc. address to:

Medical Training School, Inc.
3808 North Tamiami Trail
Sarasota, Florida 34234
Phone 941-358-6488

Thank you,

Medical Training School, Inc.
Rosalie L. Phillips

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Training School, Inc.
(Name of corporation)

DOCUMENT NUMBER: P 04000059740

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:

Kim Stanford
(Name of person)

MEDICAL Training School, Inc.
(Name of firm/company)

3808 N. Tamiami Trail (New address)
(Address) Letter Enclosed

SARASOTA FL 34234
(City/state and zip code)

For further information concerning this matter, please call:

Kim Stanford at (941) 358-6488
(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: MEDICAL TRAINING SCHOOL, INC.
2. The principal office address: (NEW ADDRESS - see letter enclosed)
3808 N. Tamiami Trail, SARASOTA, FL 34234
3. The mailing address (if different): SAME as above

4. Date of incorporation/qualification: April 5, 2004 Document number: P 04000059740

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

R.L. Phillips
44 BISHOPS COURT RD
OSPREY FL 34229

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

William Phillips
3808 N. Tamiami Trail
(P.O. Box or personal mailbox NOT acceptable)
SARASOTA, FL 34234

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TALLAHASSEE, FLORIDA

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.

R & R (Signature of an officer or director) RL PHILLIPS 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) 8-1-04 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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