## P0400170692

(Requestor's Name)
(Address)
(Address)
÷.
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/16/07--01029--007 \*\*35.00





## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Venous Access Ir	corporated					
(Name of	Corporation)					
DOCUMENT NUMBER: P040017	0692					
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Jason	Gatlin					
(Name of Co	ontact Person)					
Venous Access	s Incorporated					
(Firm/Company)						
11307 Laurei Brook Court						
(Address)						
Riverview, FI 33569						
(City/State a	nd Zip Code)					
For further information concerning this matter, please	call:					
Jason Gatlin	at ( 813 ) 751-4918					
(Name of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Depar	tment of State.					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	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

statement of cha	nge is submitted for a	corporation organize	607.1508, or 617.1508, F d under the laws of the S	tate of <b>Florida</b>	<del></del>	
in order	r to change its register	ed office or registered	l agent, or both, in the Si	tate of Florida.		
1. The name of t	he corporation:	Venous Access	s Inc.			
2. The principal of	office address: 11:	307 Laurel Bro				
<del></del>	<del>,</del>	Riverview, FI	33569			<del></del>
3. The mailing ac	ddress (if different):					<del></del>
4. Date of incorp	oration/qualification:	12/22/200	Document number:	P040017069	2	
5. The name and Florida Depart		urrent registered agen	t and registered office or	file with the		
		Jason Gat	lin			
	10	729 Deepbroo	k Drive			
		Riverview, F	l 33569			
6. The name and (if changed):	street address of the ne	ew registered agent (i	f changed) and /or registr	cred office	0	,
		Jason Gatl	in	———	7 NO	***
_		1307 Laurel Bi	rook Court		9 I V	
	(P.C	D. Box NOT acceptable)  Riverview, F	1 33569	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>A</b>	m
The street address	ss of its registered offi	· <del></del>	lress of the business off	ice of its registered as		J
			its board of directors o	-	<del>1</del>	
Juson	Datl		Jason Gat			
juriner agree to	comply with the prov	visions of all statutes	gree to act in this capac relative to the proper a ion of my position as re gistered office address,	ity. Ind complete performa	ince this the	
Jesson	D A Hazare of Registered Agent)		11/14/	67		
f signing on beh			· (LAME)			
	ned or Printed Name)	<del>7. 1:</del>				

\* \* \* 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)