

P05000072323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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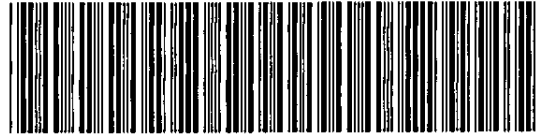
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11/28/11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 983822 7509084

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : November 17, 2011

ORDER TIME : 10:26 AM

ORDER NO. : 983822-010

CUSTOMER NO: 7509084

CHANGE OF AGENT

NAME: MEDICS AMBULANCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER: _____

**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: MEDICS AMBULANCE, INC.
2. The principal office address: 378 SW 12th Ave., Deerfield Beach FL 33442
3. The mailing address (if different): PO Box 4595, Deerfield Beach FL 33442
4. Date of incorporation/qualification: 05/17/2005 Document number: P05000072323

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

Malcolm Cohen

378 SW 12th Ave

Deerfield Beach FL 33442

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

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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)

Craig A. Wilson - Secretary

(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.

Corporation Service Company

By: 

(Signature of Registered Agent)

11/23/2011

(Date)

If signing on behalf of an entity:

Elizabeth A. Dawson, Asst. VP

(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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