P05000139150

questor's Name)	· · · · · · · · · · · · · · · · · · ·
dress)	
dress)	
y/State/Zip/Phone	: #)
☐ WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
Certificates	of Status
Filing Officer:	
r	
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates

Office Use Only



500082018605



12/04/06--01038--008 **70.00



12/4/06

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Red ASSIST Team Horida, Inc. (Name of Corporation)
DOCUMENT NUMBER: PD 5000 139 150
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:
Marin Bakur (Name of Contact Person) Red Assist Team Horida, Inc. (Firm/Company) 35380 State Rd. 54 (Address)
Ecphythills 76. 33541 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) 782-7179 (Area Code & Daytime Telephone Number)
(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 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF, CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corneration: Plus ASSIST Tube Medical Action (1975)
1. The name of the corporation: Flat HS/ST / Clar HS/ST /
2. The principal office address: 3300 State Rd. 54 Funda Will 72 33 54/
3. The mailing address (if different):
5. The maning address (if directify).
4. Date of incorporation/qualification: Document number:
5. The name and street address of the current registered agent and registered office on file With the Florida Department of State:
Karin Hiff
9345 St. Claur Place
Wesley Chapel 72 33544
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
merrin Baker.
10933 Collar Dr.
(P.O. Box NOT acceptable) San Anton B 27 33576
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) (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 potified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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