

PD600010505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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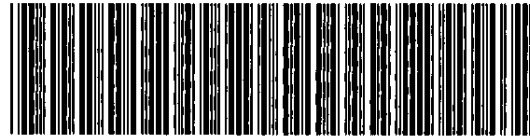
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 31 2012  
T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADAPTIVE MEDICAL SOLUTIONS  
Name of Corporation

**DOCUMENT NUMBER:** P-06000 105 005

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:

JOSEPH LENARD

Name of Contact Person

ADAPTIVE MEDICAL SOLUTIONS

Firm/Company

845 CREATIVE DR SUITE 2

Address

LAKELAND, FL 33813

City/State and Zip Code

COACH JOE13 @GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE LENARD

Name of Contact Person

at ( 863 ) 286-2066

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check ☐ 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**

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: ADAPTIVE MEDICAL SOLUTIONS, INC.
2. The principal office address: 845 CREATIVE DRIVE, SUITE 2  
LAKELAND, FL 33813
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/11/06 Document number: P06000105005
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)

GEOFFREY C. VINING  
1611 HARDEN BOULEVARD  
LAKELAND, FL 33803

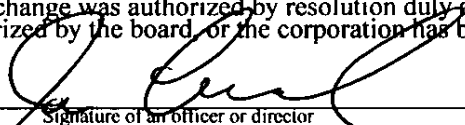
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOE LENARD  
845 CREATIVE DRIVE SUITE 2  
P.O. Box NOT acceptable  
LAKELAND, FL 33813

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**STATE OF FLORIDA**  
**DEPARTMENT OF STATE**

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

JOE LENARD, 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

8/16/2012  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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