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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: BIOMEDICAL LABORATORY TECHNOLOGIES (Name of Corporation)	inc.
DOC	CUMENT NUMBER: 100000145596	
The er	enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the f	ollowing:
	Jon Marshall Oden, Esq. (Name of Contact Per	rson)
	Fisher, Rushmer, Werrenrath, D (Firm/Company)	ickson, Talley & Dunlap, P.A.
	20 N. Orange Ave., Suite 1500 (Address)	·
	Orlando, FL 32801 (City/State and Zip C	
For fu	urther information concerning this matter, please call:	ode)
	on Marshall Oden, Esq. at (A) (Name of Contact Person) osed is a \$35.00 check made payable to the Department of	407) 843-2111 Area Code & Daytime Telephone Number) 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: BIOMEDICAL LABORATORY TECHNOLOGIES INC
2. The principal office address: 100 North Park Ave.
Apopka, FL 32703
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: 11/20/2006 Document number: P06000145596
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Nykii J. Jencic
Nykii J. Jencic 1128 Canopy Oaks Dr.
Minneola, FL 34715
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Fisher, Rushmer, Werrenrath, Dickson, Talley & Dunlap, P.A.
c/o Jon Marshall Oden, Esq.
(P.O. Box NOT acceptable)
20 N. Orange Ave., Suite 1500, Orlando, FL 32801
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.
Robert Jencic, VP
(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 notified in writing of this change.
(Signature of Registered Agent) A 22 08
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 * * *