

P 0700053867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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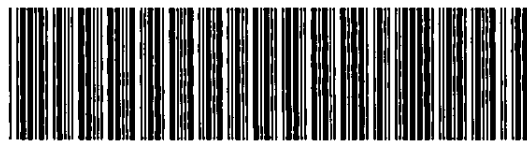
(Business Entity Name)

(Document Number)

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OCT -7 2013  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2013

MEDITE INC

4203 SW 34TH STREET  
ORLANDO, FL 32811

SUBJECT: MEDITE LAB SOLUTIONS, INC.  
Ref. Number: P07000053867

We have received your document for MEDITE LAB SOLUTIONS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 213A00021081



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Regulatory Specialist II

Letter Number: 213A00021081

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medite Lab Solutions  
Name of Corporation

**DOCUMENT NUMBER:** P07000053867

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:

Michael Ott

Name of Contact Person

Medite, Inc

Firm/Company

4203 SW 34th Street

Address

Orlando, Fl. 32811

City/State and Zip Code

meditegroup1@gmail.com

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

For further information concerning this matter, please call:

Michael Ott

Name of Contact Person

at (

407 996-9630

) 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**

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: Medite Lab Solutions, Inc.
2. The principal office address: 4203 SW 34th Street  
Orlando, FL. 32811
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/3/2007 Document number: P07000053867
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)

Medite Lab Solutions

1226 Winter Garden Vineland Rd. Suite 104

Winter Garden, FL. 34787

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

~~Medite Lab Solutions~~ Michael Ott

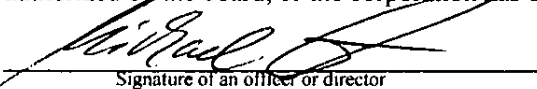
4203 SW 34th Street

P.O. Box NOT acceptable

Orlando, FL. 32811

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

Michael Ott 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

8/28/13

\_\_\_\_\_  
Date

If signing on behalf of an entity:

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

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

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