

P08000016818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

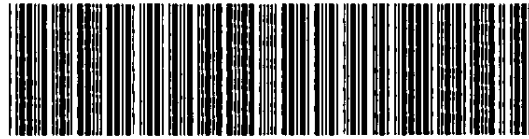
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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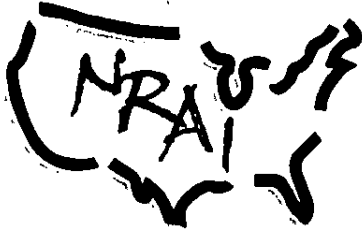
06/28/10--01027--017 **35.00

FILED
2010 JUN 28 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A.

TB

JUN 29 2010



National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

June 21, 2010

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Lifestyle Lift Florida East, PA
Change of Registered Agent


Dear Sir/Madam,

For the purposes of changing the registered office and/or registered agent of the above captioned Lifestyle Lift Florida East, PA. Please find the enclosed original Certificate of Change of Registered Agent accompanied by our check in the amount of Amount of \$35.00

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Regards,


Wendy D. Rea
National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lifestyle Lift Florida East, P.A.
Name of Corporation

DOCUMENT NUMBER: P08000016818

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 C. McKInnon
Name of Contact Person

Scientific Image Center Management, Inc.
Firm/Company

100 Kirts Blvd., Suite A
Address

Troy, MI 48084
City/State and Zip Code

durgrim100@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael C. McKInnon at (248) 519-9128
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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lifestyle Lift Florida East, P.A.
2. The principal office address: 6600 North Andrews Ave., Ste. 555, Ft. Lauderdale, FL 33309
3. The mailing address (if different): 100 Kirts Blvd., Suite A, Troy, MI 48084
4. Date of incorporation/qualification: 2/14/2008 Document number: P08000016818
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)

Kenneth M. Zorn

6600 North Andrews Ave., Ste. 555

Ft. Lauderdale, FL 33309

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

NRAI Services, Inc.

2731 Executive Park Drive, Ste 4

P.O. Box NOT acceptable

Weston, FL 33331

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]
Signature of an officer or director

David M. Kaut, 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.

NRAI Services, Inc.
By: [Signature]
Signature of Registered Agent

6/17/2010
Date

If signing on behalf of an entity:

Wendy D Rea, Assistant Secretary
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

CR2E045 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 28 AM 10:54

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