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COVER LETTER

TO:	Amendment Sec Division of Corp	tion porations	,			
SUBJECT: Baseline Medical Services Name of Corporation						
DOCU	MENT NUMBE	R:P09	0000014312			
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:						
			-			
	<u> </u>	Franklii Name of Co	n Parker			
	•					
		Base l'ne Me	Idical Services Tompany			
8080-D Severn Pr.						
Boca Ration FL 33433 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Fre	anklin (Name of	Contact Person	at (561) 5735230 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 $\boldsymbol{\cdot}$ FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.05 nange is submitted for a corporation orga	nized under the laws of the Sta	te of Florida			
in ord	ler to change its registered office or regis	stered agent, or both, in the Stat	te of Florida.			
	f the corporation: Baseline Medica					
2. The principa	al office address: 8080-D Severn Dr.	, Boca Raton, FL 33433				
3. The mailing	address (if different):		· · · · · · · · · · · · · · · · · · ·			
4. Date of inco	rporation/qualification: 2-13-2009	Document number:	P09000014312			
	nd street address of the current registered artment of State: (If resigned, enter resign					
	Franklin Parker					
	8080-D Severn Dr		10 5年20			
	Boca Raton, FL 33433					
6. The name ar (if changed):	nd street address of the new registered age	ent (if changed) and /or register	ed office			
	Franklin Parker					
	921 N. Lake Otis Dr. SE					
	P.O. Box NOT acceptable					
	Winter Haven, FL 33880					
The street addas changed wi	ress of its registered office and the stree Il be identical.	et address of the business offic	e of its registered agent,			
Such change wauthorized by	vas authorized by resolution duly adopt the board, or the corporation has been n	ed by its board of directors or notified in writing of the chang	by an officer so ge.			
In Signat	ture of an officer or director	Franklin Parke	r - President			
I hereby accept further agree of my duties, a document is be corporation ha	of the appointment as registered agent a e to comply with the provisions of all sta and I am familiar with and accept the ob eing filed merely to reflect a change in t as been notified in writing of this chang	ind agree to act in this capacit ututes relative to the proper an oligation of my position as reg the registered office address, I e.	y, id complete performance istered agent. Or, if this hereby confirm that the			
- And	lile Van Tom	8-16-2	010			
S	ignature of Registered Agent	Date	- · -			
If signing on b	behalf of an entity:					
Franklin	Typed or Printed Name					

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