

P1000000 5955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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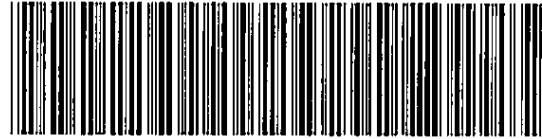
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JUL 11 2019  
C Kinsey

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

CRITICARE, INC.

**SUBJECT:** \_\_\_\_\_  
Name of Corporation  
P10000005955

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

David Tolliver

\_\_\_\_\_  
Name of Contact Person

CRITICARE, INC.

\_\_\_\_\_  
Firm/Company

91500 Overseas Highway

\_\_\_\_\_  
Address

Tavernier, FL 33070

\_\_\_\_\_  
City/State and Zip Code

davet@smcriticare.com

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

For further information concerning this matter, please call:

David Tolliver

\_\_\_\_\_  
Name of Contact Person

786 ) 662-5252

\_\_\_\_\_  
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

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.

CR2E045 (03/12)

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