## P100000 5955

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	-
(C	ity/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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## **COVER LETTER**

10:	Division of Corporations
	CRITICARE, INC.
SUBJE	CCT:
	Name of Corporation
	P10000005955
DOCU	MENT NUMBER:
The en	closed 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 fur	ther information concerning this matter, please call:  David Tolliver
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: CRITICARE, INC.
The name of u      The principal of the control of the contro	office address: 91500 Overseas Highway Tavernier, FL 33070
3. The mailing ac	PO Box 1840, MIAMI, FL 33243
4. Date of incorp	poration/qualification: 01/21/2010 Document number: P10000005955
	I street address of the current registered agent and registered office on file with the runent of State: (If resigned, enter resigned)  KAWA LAW, P.A.
	2332 Galiano Street, 2nd Floor
	CORAL GABLES, FL 33134
6. The name and (if changed):	CORAL GABLES, FL 33134  distrect address of the new registered agent (if changed) and /or registered agent (if changed) agent (
	KAWA LAW, P.A.
	5000 SW 75th AVE., STE 118  P.O. Box NOT acceptable
	Miami, FL 33155
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
site	David Tolliver, VP  Printed or typed name and title
l further agrée t performance of l agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	June 20, 2019  Date
٥	chalf of an entity:
Tv	yred or Printed Name

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