P93000048087

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 515501 7424465							
AUTHORIZATION: Spelle Man							
COST LIMIT : \$ 35.00							
ORDER DATE : February 17, 2017							
ORDER TIME : 3:14 PM							
ORDER NO. : 515501-010							
CUSTOMER NO: 7424465							
CHANGE OF AGENT							
NAME: AMERICAN MEDICAL SUPPLIES, INC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY							

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	American Medical Supplies, Inc
	Name of Corporation
DOC	P93000048087 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:
	Tonya L. Georges, Senior Corporate Paralegal Legal
	Name of Contact Person
	Alere Inc.
	Firm/Company
	51 Sawyer Road Suite 200
	Address
	Waltham, MA 02453
	City/State and Zip Code
	Tonya.Georges@alere.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Tonya	L. Georges 781 314-4070
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of ch	ange is submitted for a cor	(USU2, 017.USU2, 0U7.1SU8, poration organized under t office or registered agent, c	he la	• • • • • • • • • • • • • • • • • • • •	
1 The name of	the corporation: American	Medical Supplies, Inc			
2. The principal	office address: 751 PARK	OF COMMERCE DRIVE	SUF	TE 136 BOCA RATON, FL 33487	
3. The mailing	address (if different): P.O.	BOX 294009 BOCA RATE	ON, F	FL 33429-4009	
4. Date of incor	poration/qualification:	7/02/1993 Docui	ment	number: P93000048087	_
	d street address of the curr rtment of State: (If resigne	ent registered agent and reg ed, enter resigned)	gisten	red office on file with the	
	DICKSON, LAWRENCE	<u> </u>			
	751 PARK OF COMME	RCE DRIVE SUITE 1			
	BOCA RATON, FL 3348	37			
6. The name an (if changed):		registered agent (if change	d) an	nd /or registered office AHA SS	۲۱
	Corporation Service Cor	mpany		3 3 7	
	1201 Hays Street				
	Tallahassee	P.O. Box NOT acceptable	FL	ည်ကွ ပဲ	
The street addr	ess of its registered office I be identical.	and the street address of t	he bu	usiness office of its registered agent,	
Such change w authorized by t	as authorized by resolution he board, or the corporation	on duly adopted by its boan on has been notified in wri	d of c	directors or by an officer so of the change.	
	75/	Jonathan		orpe - Asst. Sec'y.	
Intereby accept I further agree performance of agent. Or, if the hereby confirm Corporation By:	the appointment as regis to comply with the provision of	tered agent and agree to a tions of all statutes relative liar with and accept the ol I merely to reflect a chang been notified in writing of		this capacity, this capacity, the proper and complete tion of my position as registered the registered office address, I change.	
-1. Sign	miliure of Registered Agent			Date	
If signing on bo	ehalf of an entity: Melissa Zender				
Aş	st Vice President Typed or Printed Name				

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