

P94000059706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

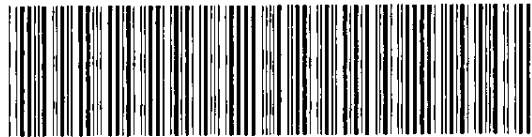
(Document Number)

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12/22/10--01001--025 \*\*1855.00

RECEIVED

10 DEC 21 PM 4:38

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 DEC 21 PM 4:47

*R.A. Cherry*  
C.COULLIETTE

DEC 22 2010

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN

DATE: 12/21/2010

REF. #: 000076.138683

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                    | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                        | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                  |   |  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF REGISTERED AGENT |   |  |

STATE FEES PREPAID WITH CHECK# 537824 FOR \$ 1855.00 (for 53)

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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

1. The name of the corporation: CAMBRIA MEDICAL SUPPLY, INC.
2. The principal office address: 2600 TECHNOLOGY DRIVE, SUITE 300, ORLANDO FL 32804 US
3. The mailing address (if different): P.O. BOX 53-6576, ORLANDO FL 32853-6576 US
4. Date of incorporation/qualification: 08/10/1994 Document number: P94000059706
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301 US

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, Suite 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 of an officer or director)

MICHELE HOLDEN, ASST SECT

(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.*

  
(Signature of Registered Agent)

12/21/2010  
(Date)

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT

(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)

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