

P95000060745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

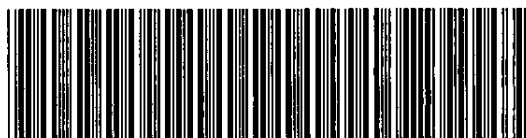
Special Instructions to Filing Officer:

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13 MAY -7 PM 4:23

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RA
Change
5/8/13
Dr



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 639759 4816304

AUTHORIZATION

COST LIMIT : \$35.00

Frederick

ORDER DATE : May 7, 2013

ORDER TIME : 3:39 PM

ORDER NO. : 639759-005

CUSTOMER NO: 4816304

CHANGE OF AGENT

NAME: EAST COAST ORTHOTICS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____

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: East Coast Orthotics, Inc.
2. The principal office address: 129 W HIBISCUS BLVD, SUITE N, MELBOURNE, FLORIDA 32901
3. The mailing address (if different): 10910 DOMAIN DRIVE, SUITE 300, AUSTIN, TEXAS 78758
4. Date of incorporation/qualification: 08/07/1995 Document number: P95000060745
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HEALY, PATRICK F

1795 W. NASA BLVD.

MELBOURNE, FLORIDA 32901

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company


1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

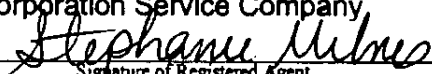
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Thomas E. Hartman, Vice President

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.

Corporation Service Company
By: 
Signature of Registered Agent

5/7/13
Date

If signing on behalf of an entity:

Stephanie Milnes Asst. V.P.
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 (03/12)