P960000008859

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
, ,	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Susiness Littly Name)	
<u> </u>	
(Document Number)	
Certified Copies Certificates of State	us
Special Instructions to Filing Officer:	
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NVISION OF CORPORATION

R.A. Charge C.COULLIETTE

DEC 2 2 2010

EXAMINER

CORPDIRECT AG 515 EAST PARK A TALLAHASSEE, F 222-1173	VENUE	rmerly CCRS)	•	
FILING COVER ACCT. #FCA-14				
CONTACT:	<u>MICHELE</u>	HOLDEN		
DATE:	12/21/2010			
REF. #:	000076.1386	<u>683</u>		
() ARTICLES OF INC	CORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION	
() ANNUAL REPORT	Γ	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME	
() FOREIGN QUALI	FICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY	
() REINSTATEMENT	г	() MERGER	() WITHDRAWAL	
() CERTIFICATE OF	CANCELLATION	N		
(XX) OTHER: CHAP	NGE OF REGISTE	RED AGENT		
STATE FEES PREPAID WITH CHECK# 577824 FOR \$ 1855.00 (for 53)				
AUTHORIZAT	TION FOR A	CCOUNT IF TO BE DEBIT	ED:	
	COST LIMIT: \$			
PLEASE RETU	J RN :			
() CERTIFIED CO	PY ()(CERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY	
() 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 Statu statement of change is submitted for a corporation organized under the laws of the State of FLORI in order to change its registered office or registered agent, or both, in the State of Florida Statu.	IDA
1. The name of the corporation: PHI MEDICAL EQUIPMENT, INC.	
2. The principal office address: 2600 TECHNOLOGY DRIVE, SUITE 300, ORLANDO FL 32804 L	JS
3. The mailing address (if different): P.O. BOX 53-6576, ORLANDO FL 32853-6576 US	
4. Date of incorporation/qualification: 01/24/1996 Document number: P9600000	8859
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	ر مسید مسید
TALLAHASSEE FL 32301 US	10 DEC 21 PM 4: 44
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	of con
NRAI Services, Inc.	PM 4
2731 Executive Park Drive, Suite 4	ORATIO
(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 regas changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	cer so
(Signature of an officer of 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 complet of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	e performance ent. Or, if this onfirm that the
(Signature of Registered Agent) (Date) If signing on behalf of an entity:	
MICHELE HOLDEN, ASST SECT (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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