P96000047343

(Requestor's Name)				
(Address)	_			
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)	—			
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DEFARTMEN DE STATE
DIVISION OF BERPORATION
TALLAHASSEE, FLORIBA

ODEC 21 PH 4: 37

C.COULLIETTE

DEC 2 2 2010

EXAMINER

TIVISION OF CORPORATIONS

CORPDIRECT AGES 515 EAST PARK AVE TALLAHASSEE, FL 222-1173		rmerly CCRS)	•
FILING COVER-S ACCT. #FCA-14	SHEET		
CONTACT:	MICHELE :	HOLDEN	
DATE:	<u>12/21/2010</u>		
REF. #:	000076.1386	<u>583</u>	
() ARTICLES OF INCO	RPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFIC	CATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF C	ANCELLATION	ſ	
(XX) OTHER: CHANG	E OF REGISTER	RED AGENT	
STATE FEES PR	REPAID WI	ітн снеск# <u>537824</u>	FOR \$1855.00 (for 53)
AUTHORIZATION	ON FOR A	CCOUNT IF TO BE DEBITE	CD:
		COST LI	MIT: \$
PLEASE RETUR	RN:		
() CERTIFIED COPY () CERTIFICATE OF		ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY

Examiner's Initials

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

statement of ch	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, th ized under the laws of the State of FLORIDA ered agent, or both, in the State of Florida.	his			
1. The name of	. The name of the corporation: ALWAYS MEDICAL EQUIPMENT, INC.					
2. The principal	office address: 2600 TECHNOLOGY DR	IVE, SUITE 300, ORLANDO FL 32804 US				
3. The mailing a	address (if different): P.O. BOX 53-6576	6, ORLANDO FL 32853-6576 US				
4. Date of incor	poration/qualification: 05/28/1996	Document number: P9600004734	3	-		
	d street address of the current registered agreement of State:					
	CORPORATION SERVICE CO	MPANY				
	1201 HAYS STREET		=	i Soit		
	TALLAHASSEE FL 32301 US		10 DEC 21	SION		
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	:21 PM	OF CORP		
	NRAI Services, Inc.		ا : ا	OR AI		
	2731 Executive Park Drive,		_	37F		
	(P.O. Box NOT acceptable) Weston, FL 33331			יט		
The street addr as changed wil	ess of its registered office and the street l be identical.	address of the business office of its register	ed agen	t,		
Such change wauthorized by t	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer stified in writing of the change.	o			
(Signal	ture of an officer of director)	MICHELE HOLDEN, ASST SECT (Printed or typed name and title)				
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent an to comply with the provisions of all stat nd I am familiar with and accept the obl ing filed merely to reflect a change in th is been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and complete pet igation of my position as registered agent. e registered office address, I hereby confirt	rforman Or, if th n that th	ce ris re		
WK	Chelottok	12/21/2010				
	ignature of Registered Agent)	『 (Da€)				
	ehalf of an entity:					
	HOLDEN, ASST SECT					

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

(Typed or Printed Name)