96000047350

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EXAMINER

CORPDIRECT AGEN 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	•		
FILING COVER S ACCT. #FCA-14	SHEET				
CONTACT:	MICHELE I	HOLDEN			
DATE:	12/21/2010				
REF. #:	000076.13868	<u>83</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				
(XX)OTHER: CHANG	E OF REGISTER	RED AGENT			
STATE FEES PR	EPAID WI	тн снеск# 537824	FOR \$1855.00 (for 53)		
AUTHORIZATIO	ON FOR AC	CCOUNT IF TO BE DEBITED) :		
	COST LIMIT: \$				
PLEASE RETUR	N:				
() 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

	•	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of FLORIDA	
in ord	er to change its registered office of	r registered agent, or both, in the State of Florida.	
1. The name of the corporation: CONTOUR MEDICAL SUPPLY, INC.			
2. The principa	l office address: 2600 TECHNOLC	DGY 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 incom	poration/qualification: 05/28/1996	Document number: P96000047350	
5. The name an		stered agent and registered office on file with the	
	CORPORATION SERVICE	CE COMPANY	
	1201 HAYS STREET		
	TALLAHASSEE FL 3230	1 US	
6. The name an (if changed):		red agent (if changed) and /or registered office	SECRET VISION O
	NRAI Services, Inc.		ARY FOR
	2731 Executive Park I	Drive, Suite 4	3 Ref
	(P.O. Box NOT	acceptable)	STATE STATE DRATION
The street addr as changed wil	ress of its registered office and th Il be identical.	e street address of the business office of its registered	agent,
(1/ hi	vas authorized by resolution duly the board, or the corporation has ture of an officer or director)	adopted by its board of directors or by an officer so been notified in writing of the change. MICHELE HOLDEN, ASST SECT (Printed or typed name and title)	
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered a to comply with the provisions of nd I am familiar with and accept sing filed merely to reflect a chan as been notified in writing of this	ngent and agree to act in this capacity. fall statutes relative to the proper and complete perfor the obligation of my position as registered agent. Or nge in the registered office address, I hereby confirm th change.	mance if this hat the
(ShiC	lignature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
MICHELE	HOLDEN, ASST SECT		

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

(Typed or Printed Name)