

P97000041390

Kathleen R. Regan Waldroup  
Requestor's Name

894 Castle Tower Rd.  
Address

Tallahassee FL 32301  
City/State/Zip Phone #  
942-6161

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Disaster & Trauma Management Initiatives Inc.  
(Corporation Name) (Document #) P97000041390

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

FILED  
88 DEC 31 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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RA Change  
1-4-99  
DHS

mail-out

RECEIVED  
98 DEC 31 PM 2:32

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Disaster AND Trauma Management Initiatives, Inc.
2. The mailing address of the corporation is: 4244 W. Tennessee Street, #386 Tallahassee, Florida
3. Date of incorporation/qualification: 5-2-97 Document number: P97000041390
4. The name and address of the current registered agent and office:

Kathleen R. Regan Waldroup  
4244 W. Tennessee St #386 894 Castletower Rd.  
Tallahassee FL 32304 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Michael A. Waldroup  
4244 W. Tennessee St. #386 894 Castletower Rd.  
Tallahassee FL 32304 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.

x Michael A. Waldroup 12-31-98  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Michael A. Waldroup, President 12-31-98  
(Printed or typed name and title) (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

x Michael A. Waldroup 12-31-98  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Michael A. Waldroup President  
(Typed or Printed Name) (Capacity)