

P98000019/20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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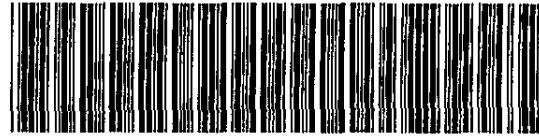
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Barrier Med Glove Co.
(Name of corporation)

DOCUMENT NUMBER: P98000019120

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Ragucci
(Name of contact person)

Barrier Med Glove Co
(Firm/Company)

155 Technology Park
(Address)
Lake Mary
~~Orlando~~ FL 32746
(City/state and zip code)

For further information concerning this matter, please call:

Carol Peterson at (407) 771-4424
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 28, 2005

BARRIERMED GLOVE CO.
155 TECHNOLOGY PARK
LAKE MARY, FL 32746

SUBJECT: BARRIERMED GLOVE CO.
Ref. Number: P98000019120

Our records indicate the registered agent for the above named corporation resigned on June 17, 2005 and that the corporation currently does not have a registered agent designated.

Chapter 607, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is registered agent designation application for you to complete and return with a filing fee of \$35.

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain
Document Specialist
Division of Corporations

Letter number: 305A00043682

**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: Barrier Med Glove Co.
2. The principal office address: 155 Technology Park
Lake Mary FL 32746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: 798000019120

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Brian Gilchrist, P.A.
255 South Orange Ave, S
Orlando FL 32801

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Victor J. Ragucci / Barrier Med Glove Co
155 Technology Park
(P.O. Box NOT acceptable)
Lake Mary FL 32746

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.

Victor Ragucci CEO (Signature of an officer or director) Victor J Ragucci (Printed or typed name and title)
Chairman & CEO

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.

Victor Ragucci (Signature of Registered Agent) 7/29/05 (Date)

If signing on behalf of an entity:

Victor J Ragucci
(Typed or Printed Name)

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