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CURRY & ASSOCIATES, P.A.

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CLIFTON C. CURRY, JR.
C. COLE JEFFRIES, JR.
DANIEL W. KING
FRANK J. NIVERT

Reply to:
P. O. Box 1143
Brandon, FL 33509-1143

July 8, 1999

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-07/12/99-01094-003
*****35.00 *****35.00

Secretary of State
Division of Corporations
Post Office Box 6327
409 E. Gains Street
Tallahassee, Florida 32399

Re: **Independent Brace & Medical, Inc.**
Our File No. 3022.01

Dear Sir:

Please find enclosed a Statement of Change of Registered Office and Registered Agent which we would appreciate your filing in the usual manner.

Our firm check in the sum of \$35.00, your fee is enclosed. If additional information is required or desired, please do not hesitate to contact our office. Your assistance in this matter is appreciated.

Sincerely yours,


C. COLE JEFFRIES, JR.

CCJ/jab/lab

Enclosure: *Statement of Change of Registered Office and Registered Agent*

FILED
99 JUL 12 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2A office

T. LEWIS JUL 14 1999

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Section 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is:

Independent Brace & Medical, Inc.

2. The name and address of its present registered agent is:

Darren Cifelli
756 Sandy Creek Drive
Brandon, Florida 33511

3. The name and street address to which its registered agent is to be changed is:

Darren Cifelli
3609 Century Blvd., Ste. 3
Lakeland, Florida 33811

4. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

5. Such change was authorized by resolution duly adopted by its board of directors.

Dated: 7-7-99

SIGNATURE *Darren Cifelli*
DARREN CIFELLI, President

FILED
99 JUL 12 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND
COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATION OF SECTION 607.325, FLORIDA STATUTES.

PLEASE PRINT/TYPE NAME DARREN CIFELLI

SIGNATURE

Darren Cifelli

DATE

7-7-99