

P99000053551



Factory Authorized  
Medical Scope Repair, Inc.

2855B West McNab Road  
Pompano Beach, FL 33069

FILED  
00 AUG 31 PM 2:48  
TALLAHASSEE, FLORIDA

Office Use Only

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

900003378539--6  
-08/31/00-01045-005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|                                   |   | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

*RJA Change  
9-14-00  
PMS*

Examiner's Initials

**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 : BW Medical Group, Inc.

2. The mailing address of the corporation : 2859 W. McNab Rd.  
Pompano Beach, FL 33069

3. Date of incorporation/qualification: 6/14/99 Document number: P9900005357

4. The name and address of the current registered agent and registered office:

Kim Hiner, Esq. at Steel Hector & Davis, LLP  
215 S. Monroe St., Ste. 601  
Tallahassee, FL

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

Nicole Duncanson  
C/O FAMSR  
2859 W. McNab Rd., Pompano Beach, FL 33069

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.

(Signature of an officer, chairman or vice chairman of the board)

8/23/00  
(Date)

Jeff Trank, President  
(Printed or typed name and title)

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.

(Signature of Registered Agent)

8/23/00  
(Date)

If signing on behalf of an entity:

Nicole Duncanson  
(Typed or Printed Name)

CFO  
(Capacity)

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