

P99000055674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

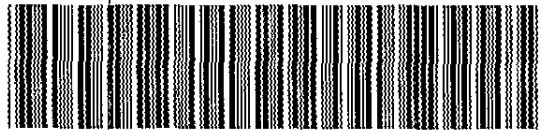
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04 AUG 13 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

RECEIVED

04 AUG 13 AM 11:50

DIVISION OF CORPORATION

*R.A. Chang*

G. Goulette AUG 13 2004

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference:  
(Sub Account)

Date:

8/13/04

Requestor Name: Carlton Fields

Address: Post Office Drawer 190  
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (x5261)

Corporation Name:

Healthcare Parking Systems of America  
Inc

Entity Number:

P99000055674

Authorization:

Kim Pullen

☐ Certified Copy

☐ New Filings

☐ Fictitious Name

☒ Plain Stamped Copy

☒ Amendments

☐ Certificate of Status

☐ Annual Report

☐ Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CF Internal Use Only

Client: 41092

Matter:

Name: David Burke

Office:

**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: HEALTHCARE PARKING SYSTEMS OF AMERICA, INC.
2. The principal office address: 5105 Memorial Highway, Tampa, FL 33634
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6-18-99 Document number: P99000055674
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael D. Malatin

12106 Marblehead Drive

Tampa, FL 33626

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

CFRA, LLC

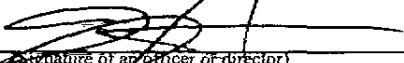
Corporate Center Three at International Plaza, 4221 W. Boy Scout Boulevard, 10th Floor

(P.O. Box or personal mailbox NOT acceptable)

Tampa, Florida 33607-5736

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.



(Signature of an officer or director)

Michael D. Malatin

(Printed or typed name and title)

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.

by: 

(Signature of Registered Agent)

8/9/04

(Date)

If signing on behalf of an entity:

David P. Burke

(Typed or Printed Name)

Authorized Representative of CFRA, LLC

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314