P99000074815

(Re	questor's Name)	
	•	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
—		_
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECKE LARY OF STATE

COVER LETTER

TO:	Amendment Division of	t Section Corporation	ons								
SURT	ECT:	DRUG	AND	ALCOHOL	TESTI	NG OF	AMERIC	Α,	INC.		
СОБО	<u></u>	•		(Name	of Corpor	ation)					
DOCU	MENT NUN	MBER:	1	9900007	4815				· 		
The en	closed Staten	nent of Cha	ange of	Registered (Office/Age	nt and fe	e are submi	tted :	for filing.		
Please	return all con	responden	ce conc	erning this n	natter to th	e followi	ng:				
		•		•							
Kathy Suarez											
(Name of Contact Person)											
			_								
	_		Dι				ing of	Ame	erica, Inc		
				(Fir	m/Compar	ıy)					
	P.O. Box 292886										
(Address)											
	Tampa, FL 33687										
				(City/Sta	ate and Zip	Code)					
For fur	ther informati	ion concer	ning th	is matter, ple	ease call:						
T	om Aderh				at (813) 031	-03	301 ext 101 Telephone Number)		
	(Nan	ne of Cont	act Pers	son)		(Area C	ode & Dayt	ime '	Telephone Number)		
Enclose	ed is a \$35.00	check ma	de paya	able to the D	epartment	of State.					
	Mailing Address: Amendment Section					Stre Ame	et Address: endment Se	ectio	n		
Division of Corporations							ision of Co				
			30x 63				ton Buildir	_			
		Tallal	iassee,	FL 32314			l Executiv ahassee, F		enter Circle		
						1 1111	анавись, г.		<i>,</i> ⊅01		

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections of sections	or a corporati	ion organiz	ed under t	he laws of	the State (of_Flor	rida	
·	r to change its reg		_	-			-		VC.
2. The principal		4221 N.							
3. The mailing ac	ddress (if differen	t): P.O.	Box 29	2886,	Tampa	, FL 3	33687		
4. Date of incorp	oration/qualificat	ion: <u>8</u> -16	-1999	Docum	nent numb	er: P99	000074	4815	
5. The name and Florida Depart	street address of ment of State:	the current reg	gistered age	ent and reg	istered off	ice on file	with the		
	The	omas R.	Aderho	1 d			Z Z	8	
	800)1 N. Da	le Mab	ry Hwy	, Suit	e 501	CRET	06 OCT 26	$\widetilde{}$
	Tar	npa, FL	33614		· · · · · · · · · · · · · · · · · · ·		ASSEE.		
6. The name and (if changed):	street address of	the new regist	ered agent	(if changed	d) and /or	registered		PH 2: 25	Ö
	·. Ka	thy A. S	uarez			•	DA A	CI	
•	42	21 N. Hi	mes Av	e.					
		(P.O. Box NO	Γacceptable)						
	Tar	npa, FL	33607			<u> </u>			
The street address as changed will	ss of its registere be identical.	d office and t	he street a	ddress of t	he busines	s office o	f its regist	tered as	gent,
Such change was authorized by the	s authorized by ree board, or the	esolution dul orporation had	y adopted been noti	by its boar fied in wri	d of directing of the	tors or by change.	an officer	so	
All V	Skal			Thom	as R,	Aderho	old, Pi	resd	ent
(Signatur I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment to comply with the I I am familiar w In filed merely to	as registered provisions c ith and accep reflect a cha	agent and of all statut of the oblig nge in the s change.	agree to a es relative ation of m registered		typed name a capacity oper and c as registe lress, I he		erform t. Or, i irm tha	ance f this t the
2 ash	Dude				10.	<u> </u>) Le		
(Signing on beh	nature of Registered Ag alf of an entity:	8				(Date)			
(T)	ped or Printed Name)	· · · · · · · · · · · · · · · · · · ·							

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