

P990 0009/2/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

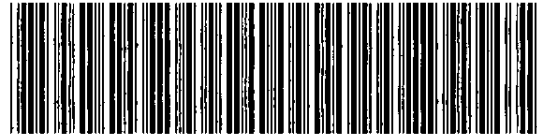
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100131062491

06/23/08--01033--022 \*\*87.50

*KA Change  
Tennis  
6-26-08*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2808 JUN 23 PM 4:57

FILED

**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: Respiratory Therapist Associates, Inc.  
2. The principal office address: 11260 N.W. 22 ST  
Plantation Acres, FL. 33323  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/14/99 Document number: 999 000091213

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

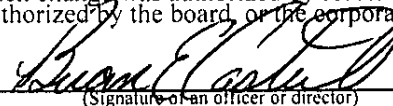
Casteel, Brian E.  
11260 N.W. 22 ST  
Plantation, FL. 33323

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

Burns, Harry J.  
2670 S.W. 54TH ST.  
(P.O. Box NOT acceptable)  
FT LAUDERDALE, FL. 33312

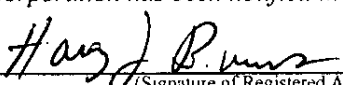
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

x   
(Signature of an officer or director)

Brian E. Casteel Pres.  
(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.*

  
(Signature of Registered Agent)

6/16/08  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

**FILED**  
2008 JUN 23 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA