

S22143

(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



100182339561

06/21/10--01021--027 \*\*35.00

FILED  
16 JUN 21 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R. A. Charge*  
C. COULLIETTE

JUN 22 2010

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MEDASSIST-OP,INC  
Name of Corporation

DOCUMENT NUMBER: S22143

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRAIG TURTZO  
Name of Contact Person

MEDASSIST-OP,INC  
Firm/Company

14103 MCCORMICK DRIVE  
Address

TAMPA,FL 33626  
City/State and Zip Code

HEIKESCHEEL@ANODYNETHERAPY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEIKE SCHEEL at ( 813 ) 342-4432X130  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: MEDASSIST-OP, INC
2. The principal office address: 14103 MCCORMICK DRIVE  
TAMPA, FL 33626
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/12/1991 Document number: S22143
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CRAIG TURTZO

13560 WRIGHT CIRCLE

TAMPA, FL 33626

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

CRAIG TURTZO

14103 MCCORMICK DRIVE

P.O. Box NOT acceptable

TAMPA, FL 33626

FILED  
10 JUN 21 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CRAIG TURTZO  
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

06/17/2010  
Date

If signing on behalf of an entity:

CRAIG TURTZO  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)