

Division of Corporations

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567386

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 12/9

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**REGISTERED AGENT CHANGE
MED. TECH. SERVICES OF SOUTH FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Handwritten signature and date 12/11/13

850-617-6381

12/10/2013 11:54:44 AM PAGE 17001 Fax Server



December 10, 2013

FLORIDA DEPARTMENT OF STATE

MED. TECH. SERVICES OF SOUTH FLORIDA, INC.
311 PARK PLACE BOULEVARD
SUITE 500
CLEARWATER, FL 33759-3999US

SUBJECT: MED. TECH. SERVICES OF SOUTH FLORIDA, INC.
REF: S67386

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H13000269687
Letter Number: 013A00028048

RE-SUBMIT

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Med.Tech.Services of South Florida, Inc.

Name of Corporation

DOCUMENT NUMBER: 567386

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:

Deborah Ulin

Name of Contact Person

Kindred Healthcare Inc.

Firm/Company

680 South Fourth Street

Address

Louisville, KY 40202-2412

City/State and Zip Code

deborah.uliu@kindredhealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

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

CR2F045 (03/12)

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 617.1509, 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: Med-Tech, Services of South Florida, Inc.
2. The principal office address: 680 South Fourth Street, Louisville, KY 40202-2412
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7-17-91 Document number: 51673816
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)

Mitchel G. Morel

311 Park Place Blvd. Suite 510

Clearwater, FL 33759-3999

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

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: Kristin Bolden

Signature of Registered Agent

12/6/13
Date

If signing on behalf of an entity:

Kristin Bolden
Assistant Secretary

Typed or Printed Name

JOSEPH C. LANDENBICH, SECRETARY

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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