

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
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RE-SUBMIT

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**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 | 024 |
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2013 DEC -9 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/11/13
12/9/2013



December 10, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

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 refile 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

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: 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: S167986
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

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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 12/16/13
Signature of Registered Agent Date

If signing on behalf of an entity: Kristin Bolden
Assistant Secretary

JOSEPH L. LANDENBICH, SECRETARY
*** 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 (03/12)