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Division of Corporations

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# S77126

Florida Department of State  
Division of Corporations  
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## REGISTERED AGENT CHANGE

HIPPERT MEDICAL SUPPLY, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$87.50 |

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 13, 2000

HIPPERT MEDICAL SUPPLY, INC.  
7100 GULF BLVD  
#B  
ST. PETERSBURG BEACH, FL 33706US

SUBJECT: HIPPERT MEDICAL SUPPLY, INC.  
REF: S77126

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.

AN OFFICER, CHAIRMAN OR VICE CHAIRMAN MUST SIGN ON THE MIDDLE OF THE FORM. "OWNER" IS NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson  
Corporate Specialist

FAX Aud. #: H00000001835  
Letter Number: 900A00001811

# 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Hippert Medical Supply, Inc.

2. The mailing address of the corporation is: 7100 Gulf Blvd., #B  
St. Petersburg Beach, Florida 33706

3. Date of incorporation/qualification: 8/29/91 Document number: S77126

4. The name and address of the current registered agent and office:

Michael P. Hippert

914 Sandpiper Way

St. Petersburg, Florida 33707

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Dennis J. McEleny

5639 Park Street North

St. Petersburg, Florida 33709

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.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

1-8-00  
(Date)

DENNIS MCELENY PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

By: Dennis McEleny  
(Signature of Registered Agent)

1-8-00  
(Date)

If signing on behalf of an entity:

DENNIS MCELENY  
(Typed or Printed Name)

(Capacity)

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

CR3E045(1/97)

DIVISION OF CORPORATIONS

P. O. BOX 6327

TALLAHASSEE, FL 32314

Prepared by: Michael Haber, Esq., P.O. Box 1438, Tampa, FL 33601  
(813) 228-7411; FL BAR #: 0178729

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