

Y50002

Requester's Name



**Durable Medical Equipment  
Management, Inc.**

1825 Highway 17 North • Bartow, Florida 33830

100003044841--8  
-11/16/99--01011--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

**FILED**  
99 NOV 16 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|                                   |   | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

# 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: DME Management, Inc.

2. The mailing address of the corporation is: 1825 Hwy 17 N

Bartow, FL 33830

3. Date of incorporation/qualification: 07/10/1992 Document number: V50002

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

Stephen H. Artman

908 S. Florida Avenue Suite 102

Lakeland, FL 33803

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

Millard D. Townley

1825 Hwy 17 N.

Bartow, FL 33830

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.

Millard D. Townley

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

11-11-99

(Date)

Millard D. Townley

(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.

Millard D. Townley

(Signature of Registered Agent)

11-11-99

(Date)

If signing on behalf of an entity:

Millard D. Townley

(Typed or Printed Name)

owner

(Capacity)

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

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