P04000067476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRONOS CLINICAL LABORATORY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000067476

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge L. Gonzalez, Esq.
(Name of Person)

Gonzalez & Vidal PL
(Name of Firm/Company)

1933 SW 27 Ave Suite 201
(Address)

Miami, Florida 33145
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge L. Gonzalez at (305) 285-2480
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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 _____ _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cronos Clinical Laboratory, Inc.

2. The principal office address: 2650 NW 97 Ave, Miami, Florida 33172

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/23/2004 Document number: P04000067476

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jorge C. Gonzalez

2650 NW 97 Ave

Miami, Florida 33172

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

Ernesto Chao

2650 NW 97 Ave

(P.O. Box NOT acceptable)

Miami, Florida 33172

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.

_____ ERNESTO CHAO
(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.

_____ 4/21/06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

_____
(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)