

PO7000028159

https://enilic.sunbiz.org/scripts/enilcovr.exe

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000121403 3)))



H070001214033ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0380

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY -2 PM 2:39

FILED

RECEIVED

07 MAY -2 AM 8:00

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

1ST CHOICE MEDICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

*cel*

Electronic Filing Menu

Corporate Filing Menu

Help

*207 cel  
5-2-07*

407000121403

**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: 1ST CHOICE MEDICAL, INC.
- 2. The principal office address: 1310 SW 1ST AVENUE, FORT LAUDERDALE, FLORIDA 33315
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/1/2007 Document number: P07000028159

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

HAGEN & HAGEN, P A  
3531 GRIFFIN ROAD  
FORT LAUDERDALE, FLORIDA 33312

FILED  
 07 MAY -2 PM 2:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

JAMES HAMBY  
1310 SW 1ST AVENUE  
 (P.O. Box NOT acceptable)  
FORT LAUDERDALE, FLORIDA 33315

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)

JAMES HAMBY  
 (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.

  
 (Signature of Registered Agent)

MAY 1, 2007  
 (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 (8/03)

407000121403