

PI3000068518

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 12 AM 7:39

C.L.
5-19-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Life Medical Center + Research INC.
Name of Corporation

DOCUMENT NUMBER: P13000068518

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSARIO D. CAPAZ
Name of Contact Person

Life Medical Center + Research INC.
Firm/Company

6801 WW 77 Ave Suite 104/105.
Address

Miami FL 33166
City/State and Zip Code

lifemedicalcorp@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSARIO D. CAPAZ at (305) 883-8800
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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: Life Medical Center + Research Inc

2. The principal office address: 6801 NW 77 AVE SUITE 104/105
Miami FL 33166

3. The mailing address (if different): SAME ADDRESS

4. Date of incorporation/qualification: 08/16/2013 Document number: P13000068518

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)

FRANCE T. OCCY
6801 NW 77 AVE SUITE 104/105
Miami FL 33166

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

CARLOS PEREZ
6801 NW 77 AVE SUITE 104/105
Miami FL 33166
P.O. Box NOT acceptable

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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]
Signature of an officer or director

FRANCE T. OCCY
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]
Signature of Registered Agent

May 15 2015
Date

If signing on behalf of an entity:

CARLOS PEREZ
Typed or Printed Name

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