

P92000002736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

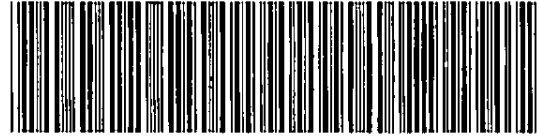
(Business Entity Name)

(Document Number)

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C. GOLDEN

NOV 29 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clinical Medical Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P92000002736

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:

Roxy Fajardo  
Name of Contact Person

Clinical Medical Services, Inc.  
Firm/Company

14160 Palmetto Frontage Road, Suite 21  
Address

Miami Lakes, FL 33016  
City/State and Zip Code

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

For further information concerning this matter, please call:

Roxy Fajardo at ( 305 ) 512-0000  
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: Clinical Medical Services, Inc.
2. The principal office address: Carr. PR-3, KM 9.5, Ave 65 Infanteria  
Reparto Industrial San Gabriel, Carolina, Puerto Rico 00985 PR
3. The mailing address (if different): 15476 NW 77 Court #705  
Miami Lakes, FL 33016
4. Date of incorporation/qualification: 11/03/1992 Document number: P92000002736
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)

Resigned

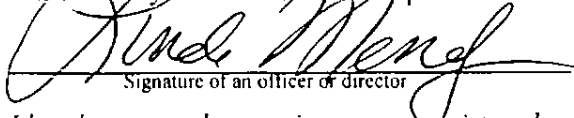
SHANE, DORIS  
14160 PALMETTO FRONTAGE RD.  
Suite 31  
MIAMI LAKES, FL 33016

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

Roxy Fajardo  
14160 Palmetto Frontage Road, Suite 21  
P.O. Box NOT acceptable  
Miami Lakes, FL 33016

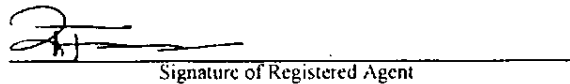
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Linda Mender  
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

11/17/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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