P96000079616

Eneido Leal
Requester's Name

11349 W. Flagler St.
Address

Miami FL 33174
City/State/Zip Phone #

300002746043--2
-01/19/99--01082--002
*****35.00 *****35.00

Office Use Only

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99 JAN 19 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. ____________________ (Corporation Name) ____________ (Document #)
2. ____________________ (Corporation Name) ____________ (Document #)
3. ____________________ (Corporation Name) ____________ (Document #)
4. ____________________ (Corporation Name) ____________ (Document #)

- ☐ Walk in
- ☐ Pick up time ____________
- ☐ Certified Copy
- ☐ Mail out
- ☐ Will wait
- ☐ Photocopy
- ☐ Certificate of Status

NEW FILINGS

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

RDA Change
1-25-99
DHS

AMENDMENTS

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

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

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

Examiner's Initials

CR2E031(7/97)

Florida Department of State, [redacted], Secretary of State

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.*

1a. The name of the corporation is: National Medical Laboratory, Inc.

1b. The mailing address of the corporation is : 11349 W. Flagler Street
Miami, FL 33174

1c. Date of incorporation: 9/25/96 Document number: P96000079616

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

William Ricard B. Jr
3130 SW 99 Ct
Miami, FL 33165

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

Eneido Leal
11349 W. Flagler St
Miami, FL 33174

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.

(Signature of an officer, chairman or vice chairman of the board) 12/23/98 (Date)

Eneido Leal, President
(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.

(Signature of Registered Agent) 12/23/98 (Date)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045(7/93)

FILING FEE: $35.00