

P03000077700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000032458180

04/16/04--01017--004 **35.00

FILED

04 APR 16 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN APR 26 2004

R.A. change

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMT SERVICES, INC.
(Name of corporation)

DOCUMENT NUMBER: P03000077700

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:

ERIC SCHOCHET
(Name of person)

EMT SERVICES, INC
(Name of firm/company)

160 WEST CAMINO REAL #195
(Address)

BOCA RATON, FL 33432
(City/state and zip code)

For further information concerning this matter, please call:

ERIC SCHOCHET
(Name of person)

at (561) 929-1999
(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
409 E. Gaines Street
Tallahassee, FL 32399

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: EMT SERVICES INC.
2. The principal office address: 160 WEST CAMINO REAL
BOCA RATON, FL 33432
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JULY 15, 2003 Document number: P03000077700
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOSEPH R. CONTINO
7540 N.W. 5TH STREET SUITE 7
PLANTATION, FL 33317

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

ERIC SCHOLCHET
160 WEST CAMINO REAL SUITE 195
(P.O. Box or personal mailbox NOT acceptable)
BOCA RATON, FL 33432

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 president or director)

ERIC SCHOLCHET PRESIDENT
(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)

4-13-04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314