

PO1000059621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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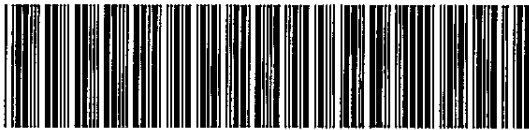
(Business Entity Name)

(Document Number)

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RA
Change

06/02/03--01059--017 **35.00

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03 JUN -2 PM 12:33
DIVISION OF CERTIFICATION

FILED
JUN -2 PM 3:13
5/2/03
ATLANTA, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Infusion Pharmacy, Inc.
(Name of corporation)

DOCUMENT NUMBER: _____

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:

PAUL WATSON LAMBERT
(Name of person)

LAMBERT LAW FIRM
(Name of firm/company)

1203 GOVERNORS SQUARE BLVD., Suite 102
(Address)

Tallahassee FL 32301-2960
(City/state and zip code)

For further information concerning this matter, please call:

PAUL WATSON LAMBERT at (850) 224-9393
(Name of 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
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: Miami Infusion Pharmacy, Inc.
2. The principal office address: 7125 S.W. 47 STREET, #302
Miami, FL 33155
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/14/2001 Document number: P01000059 621
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
KAPLAN, HAROLD
1515 UNIVERSITY DRIVE, SUITE 114
Coral Springs FL 33071
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
PAUL WATSON LAMBERT
1803 GOVERNORS SQUARE Blvd, Suite 102
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee FL 32301-2960

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, chairman or vice chairman of the board)

(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.*

Paul Watson Lambert
(Signature of Registered Agent)

6/2/03
(Date)

If signing on behalf of an entity:

Paul Watson Lambert
(Typed or Printed Name)

Attorney
(Capacity)

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

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

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TALLAHASSEE, FLORIDA