

F00000000743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

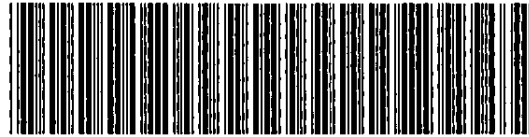
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
PALM BEACH, FLORIDA

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RA Change

SEP 27 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACUMED MEDICAL LTD.  
Name of Corporation

**DOCUMENT NUMBER:** F00000000743

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:

Phoebe Gordon

Name of Contact Person

USA Corporate Services Inc.

Firm/Company

19 W. 34th Street, Ste 1018

Address

New York, NY 10001

City/State and Zip Code

accounting@acumedmedical.ca

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phoebe Gordon

Name of Contact Person

at 212 239-5050

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



**USA Corporate Services Inc.**  
We Incorporate People

19 W. 34<sup>th</sup> Street, Ste 1018  
New York, NY 10001  
(800) 891-7432 • (212) 239-5050  
Fax: (212) 239-5317  
e-mail: [info@usa-corporate.com](mailto:info@usa-corporate.com)  
[www.usa-corporate.com](http://www.usa-corporate.com)

**To:** Thelma Lewis  
**Fax No:** 1-850-245-6897  
**Date:** 9/26/2012 6:07 PM  
**Pages:** 3, including cover  
**Ref:** Acumed Medical Ltd Change of Agent

Dear Thelma:

Enclosed please find the revised change of agent form for Acumed Medical Ltd Ref. Number: F00000000743 for your filing.

As always, if you have any further questions, please do not hesitate to contact me as below.

Best Regards,

  
Phoebe Gordon  
USA Corporate Services.  
19 W. 34th Street, Ste 1018  
New York, NY 10001  
Tel: 212-239-5050 ex: 103  
Fax: 212-239-5317  
[www.usa-corporate.com](http://www.usa-corporate.com)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2012

PHOEBE GORDON  
USA CORPORATE SERVICES INC.  
19 W. 34TH STREET, SUITE 1018  
NEW YORK, NY 10001

SUBJECT: ACUMED MEDICAL LTD.  
Ref. Number: F00000000743

We have received your document for ACUMED MEDICAL LTD. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 012A00023209



**USA Corporate Services Inc.**

Simplifying Incorporations Worldwide

August 30, 2012

Florida Department of State  
Amendment Section/Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **ACUMED MEDICAL LTD.**

Dear Sirs:

Enclosed please find a cover letter and a Statement of Change of Agent for Acumed Medical Ltd for your filing.

A check # 19234 is also enclosed to pay the State filing fee \$ 35.00.

Please return the filing evidence by mail when the filing has been completed.

If you have any further questions, please do not hesitate to contact me with below contact information.

Best Regards,

  
Rhoebe Gordon

USA Corporate Services Inc.  
19 W. 34th Street #1018  
New York, NY 10001  
1-800-891-7432  
Fax: 212-239-5317  
[info@usa-corporate.com](mailto:info@usa-corporate.com)

No. 4844 P. 3  
P. 061/501

**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 Delaware, in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACUMED MEDICAL LTD.
2. The principal office address: 3679 LAKESHORE BLVD. W.TORONTO ON M8W 1P7, Canada
3. The mailing address (if different): 6653 Powers Ave. Ste 134, Jacksonville, FL 32217
4. Date of incorporation/qualification: 02/09/2000 Document number: F00000000743
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

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

**Bruce Hocking**

6653 Powers Ave. Ste 134

P.O. Box NOT acceptable

**Jacksonville, FL 32217**

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

BRUCE HOCKING, PRESIDENT

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

Sept 20/2012

If signing on behalf of an entity:

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

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)