

FO1000001839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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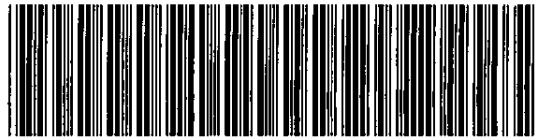
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2006

JOSE MENENDEZ  
6161 BLUE LAGOON DR STE 100  
MIAMI, FL 33126

SUBJECT: M&E AFFILIATES, INC.  
Ref. Number: F01000001839

We have received your document for M&E AFFILIATES, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you sent in is not correct for a Foreign Corporation. I am sending the the correct form to file.

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) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 706A00041677

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M & E Affiliates, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F01000001839

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:

Jose M. Menendez  
(Name of Contact Person)

M & E Affiliates Inc. d/b/a. TVL Healthcare  
(Firm/Company)

10161 Blue Lagoon Drive, Suite 100  
(Address)

Miami, FL 33126  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose M. Menendez at (305) 420-4100  
(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

REIVED  
118 AM 8:00  
DIV OF CORPORATIONS

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

- 1. The name of the corporation: M & E Affiliates, Inc.
2. The principal office address: 6661 Blue Lagoon Drive, Suite 100 Miami, FL 33126
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/2/2001 Document number: F01000001839

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Aldo Rodriguez
6661 Blue Lagoon Drive, Suite 100
Miami, FL 33126

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

Jose M. Menendez
6661 Blue Lagoon Drive, Suite 100
Miami, FL 33126

The street address of its registered office and the street address of the business office of its registered agents 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)

Jose Menendez, Secretary
(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)

9/22/06
(Date)

If signing on behalf of an entity:

Jose Menendez
(Typed or Printed Name)

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

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

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