

L05000118704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

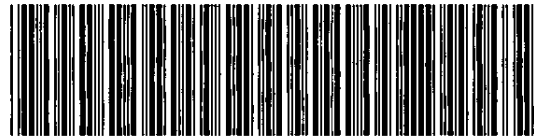
(Business Entity Name)

(Document Number)

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APR 16 2015
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APR 16 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diabetic Care Rx, LLC
Name of Corporation

DOCUMENT NUMBER: L05000118704

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:

Ada Lopez
Name of Contact Person

Diabetic Care Rx, LLC
Firm/Company

5371 Hiatus Rd
Address

Sunrise, FL 33351
City/State and Zip Code

alopez@dcrxinfusion.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ada Lopez at (954) 473-4717
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

**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: Diabetic Care Rx, LLC
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: L05000118704
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)

Cindy B. Halpern-Cohen

5371 Hiatus Rd

Sunrise, FL 33351

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

Patrick S. Smith

5371 Hiatus Rd

P.O. Box NOT acceptable

Sunrise, FL 33351

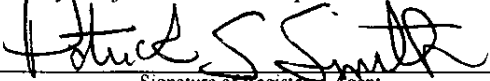
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Allen Kneel
Printed or typed name and title
Executive VP General manager

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

4.7.2014
Date

If signing on behalf of an entity:

Patrick S. Smith
Typed or Printed Name

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

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