

Division of Corporations

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L08000011358

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : PERLMAN YEVOLI AND ALBRIGHT PL  
Account Number : I20040000167  
Phone : (954) 566-7117  
Fax Number : (954) 566-7115

## REGISTERED AGENT CHANGE

## QUALCARE MEDICAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2500

EXAMINER

Oct 29 2008

S. HAWKES

2008 OCT 28 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Qualcare Medical, LLC
2. (a) Principal office address of limited liability company: 210 South Federal Highway  
 (Note: **MUST BE STREET ADDRESS**) Second Floor  
Hollywood, FL 33020
- (b) Mailing address of limited liability company: 210 South Federal Highway  
 (Note: **MAY BE POST OFFICE BOX**) Second Floor  
Hollywood, FL 33020

January 31, 2008L08000011358

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Mark Grnia

Registered Office Address:

210 South Federal Highway  
Second Floor  
Hollywood, FL 33020
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Agent:Dr. John J. McGoochanNEW Registered Office Address:(MUST BE FLORIDA STREET ADDRESS)210 South Federal HighwaySecond FloorHollywood, FL 33020

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

John J. McGoochan

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00