

L09000043438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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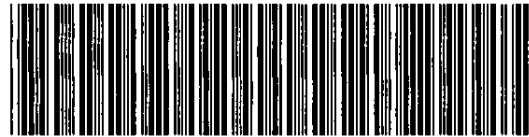
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** US MEDICAL INTERNATIONAL, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX CALZADILLA

Name of Person

US MEDICAL INTERNATIONAL, LLC

Firm/Company

2365 NW 70TH AVE C-6

Address

MIAMI, FL 33122

City/State and Zip Code

andresgr@usmedicalintl.com

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

For further information concerning this matter, please call:

Andres Gomez

Name of Person

at ( 305 )

320-5753

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 OCT 15 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 12, 2012

ALEX CALZADILLA  
2365 NW 70TH AVE  
C-6  
MIAMI, FL 33122

SUBJECT: US MEDICAL INTERNATIONAL, LLC  
Ref. Number: L09000043438

We have received your document for US MEDICAL INTERNATIONAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(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 the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 412A00022989

**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: US MEDICAL INTERNATIONAL, LLC
2. (a) Principal office address of limited liability company: 2365 NW 70<sup>th</sup> Ave C-6  
Miami, FL 33122  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 2365 NW 70<sup>th</sup> Ave C-6  
Miami, FL 33122  
**(Note: MAY BE POST OFFICE BOX)**
- 05/04/2009 3. Date of filing/registration in Florida
- L09000043438 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Colombo Law Group  
Registered Office Address: 14100 Palmetto Fringe Rd.  
Suite 300  
Miami Lakes, FL 33016
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Alexander Calzadilla  
**NEW Registered Office Address:** 10368 NW 31 Terrace  
**(MUST BE FLORIDA STREET ADDRESS)** Doral, FL 33172

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.

Alexander Calzadilla  
Signature of a member or authorized representative of a member

Alexander Calzadilla  
Printed or typed name of signer

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]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
2 OCT 15 PM 4:11  
TALLAHASSEE, FL