

NB00000011942

(Requestor's Name)

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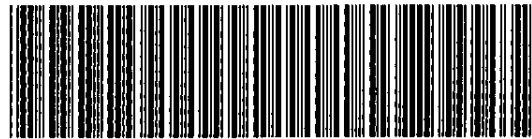
(Business Entity Name)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ministerio Internacional Sanidad y Vida, Corp.  
Name of Corporation

**DOCUMENT NUMBER:** 20-5805008

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:

Victor M. Miralda.  
Name of Contact Person

Ministerio Internacional Sanidad y Vida  
Firm/Company

2316 4th Ave. E.  
Address

Palmetto, FL 34221  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kathya Bata at (941) 284-4580  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2011

VICTOR M. MIRALDO  
MINISTERIO INTERNACIONAL  
2316 4TH AVE EAST  
PALMETTO, FL 34221

SUBJECT: MINISTERIO INTERNACIONAL SANIDAD Y VIDA, CORP  
Ref. Number: N06000011942

We have received your document for MINISTERIO INTERNACIONAL SANIDAD Y VIDA, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 911A00008124

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Ministerio Internacional Sanidad y Vida, Corp.
2. The principal office address: 1116 12th ST. E. Unit E.  
Palmetto, FL 34221
3. The mailing address (if different): 2316 4th Ave. E.  
Palmetto, FL 34221
4. Date of incorporation/qualification: 11-16-2006 Document number: 20-58 05008
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)

Victor M. Miralda  
2316 4th Ave E.  
Palmetto, FL 34221

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

Ericka Y. Medina  
2316 4th Ave. E.  
Palmetto, FL 34221

P.O. Box NOT acceptable

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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.

Kathya I. Balza Kathya I. Balza-V.T.  
Signature of an officer or director 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.

Ericka Medina 4/22/2011  
Signature of Registered Agent Date

If signing on behalf of an entity:

ERICKA MEDINA  
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  
CR2E045 (8/05)