

P00000004399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

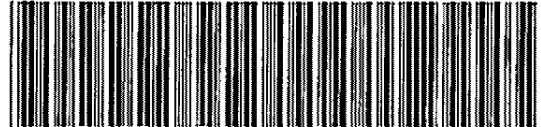
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6/8/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Medical Consultant Services, Inc.
(Name of corporation)

DOCUMENT NUMBER: P00000004399

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:

Antonio Ricolt
(Name of person)

Professional Medical Consultant Services, Inc.
(Name of firm/company)

10 NW LeJeune Road, Ste. 303
(Address)

Miami, FL 33126
(City/state and zip code)

For further information concerning this matter, please call:

Antonio Ricolt at (305) 345-6196
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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: Professional Medical Consultant Services, Inc.
2. The principal office address: 10 NW Lejeune Rd. Ste 303 Miami, Fl. 33126
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 01-13-00 Document number: P00000004399
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ana Ricoll

549 Palmetto Drive

Miami, Fl. 33166

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

Antonio Ricoll

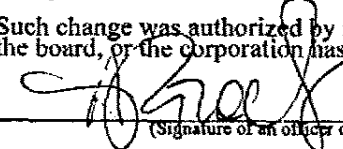
214 NW 58 Court

(P.O. Box or personal mailbox NOT acceptable)

Miami, Fl. 33126

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

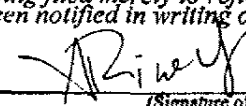
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Ana Ricoll

(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)

5-01-04

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA