

P00000053530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

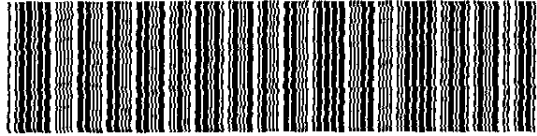
(Business Entity Name)

(Document Number)

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TALLMAHORE, MISSISSIPPI

RA change
T. Lewis 7/1/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MP Medical Equipment Corp.
(Name of corporation)

DOCUMENT NUMBER: P00000053530

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:

Madelin Delgado
MP Medical Equipment Corp.
2301 NW 1 Street, Suite H
Miami, Florida 33125

For further information concerning this matter, please call:

Madelin Delgado at (305) 643-5858

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: MP Medical Equipment Corp.
2. The principal office address: 2301 NW 7 Street; Suite H; Miami, Florida 33125
3. The mailing address (if different): 2301 NW 7 Street; Suite H; Miami, Florida 33125
4. Date of incorporation/qualification: June 2, 2000 Document number: P00000053530
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ana Rosa Viera
2060 SW 3 Street; Suite 1
Miami, Florida 33135

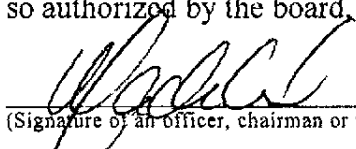
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Madelin Delgado
300 Bay View Drive; Apt 811
Sunny Isles, Florida 33160

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TALLAHASSEE, FLORIDA

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, chairman or vice chairman of the board)

Madelin Delgado
(Printed or typed name and title)
President

*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)

6/17/2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

Attorney in fact
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

(20)
(20)
(20)
(20)

- (H) Claims and litigation
 - (I) Personal relationships and affairs
 - (J) Benefits from military service
 - (K) Records, reports and statements
 - (L) Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select
 - (M) Access to safe deposit boxes
 - (N) To authorize medical and surgical procedures (Pennsylvania only)
 - (O) All other matters
- Durable Provision:**
(F) If the blank space in the block to the left is initialed by the grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.
- Other Terms:**

My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREBUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREBUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY. AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 28 day of April, 2003

Signed in the presence of:

Humberto Delgado
Witness

X [Signature]
Grantor

DELVIS DIAZ
Witness

Attorney-in-Fact/Agent

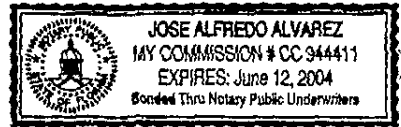
State of _____
County of _____

On April 28, 2003 before me, Jose Alvarez notary, appeared _____, personally known

to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]



Attorn Known Produced ID Driver's License
Type of ID _____
(Seal)