

P000000076418

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000301183 3)))



H07000301183ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904) 356-2600
Fax Number : (904) 355-0233

FILED
07 DEC 17 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

MOMENTUM HEALTHCARE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

RECEIVED
2007 DEC 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
2007 DEC 17
12-18-07

H07000301183

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Momentum Healthcare, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000076418

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerry Albert

(Name of Person)

Momentum Healthcare, Inc.

(Name of Firm/Company)

PO Box 19425

(Address)

Jacksonville, FL 32245

(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry Albert

(Name of Person)

at (904) 721-6700

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

H07000301183

H07000301183

**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: Momentum Healthcare, Inc.
2. The principal office address: 2030-2 Southside Blvd., Jacksonville, FL 32216
3. The mailing address (if different): PO Box 19425, Jacksonville, FL 32245
4. Date of incorporation/qualification: 8/11/2000 Document number: P00000076418
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Rick Robinson
2030-2 Southside Blvd., Jacksonville, FL 32216
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jerry Albert
2030-2 Southside Blvd., Jacksonville, FL 32216
(P.O. Box NOT acceptable)

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.

Jerry Albert
(Signature of an officer or director)

Jerry Albert
(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.

Jerry Albert
(Signature of Registered Agent)

12/17/2007

(Date)

If signing on behalf of an entity:

(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)

H07000301183