

P00000104991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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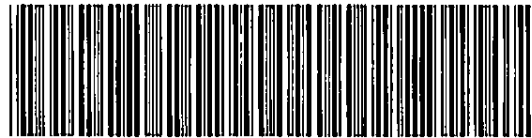
(Business Entity Name)

(Document Number)

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C. GOLDEN

OCT 27 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Dade Medical Billing Inc
Name of Corporation

DOCUMENT NUMBER: P00000104991

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:

Patricia Anson
Name of Contact Person

Miami Dade Medical Billing Inc
Firm/Company

8353 SW 124th Street # 203
Address

Miami, FL 33156
City/State and Zip Code

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

For further information concerning this matter, please call:

Patricia Anson at (305) 279-2276
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

**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: Miami Dade Medical Billing, Inc
2. The principal office address: 8353 SW 124th Street # 203
Miami, FL 33156
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/9/2000 Document number: P00000104991

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)

Patricia Anson
8900 SW 117th Ave # 105B
Miami, FL 33186

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

Patricia Anson
8353 SW 124th Street # 203
Miami, FL 33156

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.

[Signature]
Signature of an officer or director

Patricia Anson
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]
Signature of Registered Agent

10/23/2017
Date

If signing on behalf of an entity:

Patricia Anson
Typed or Printed Name

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