P01000005436

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11-9

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Infomed, P.A.					
(Name of corporation)					
DOCUMENT NUMBER: P01000005436					
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:					
Barry T. Shevlin, Esq.					
(Name of person)					
The Law Offices of Barry T. Shevlin, P.A. (Name of firm/company)					
1111 Kane Concourse, Suite 605					
(Address)					
Bay Harbor Islands, Florida 33154					
(City/state and zip code)					
For further information concerning this matter, please call:					
Barry T. Shevlin, Esq. at (305) 868-0304 (Name of person) (Area code & daytime telephone number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399					

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, .	Florida Statutes, ti	his statement of
change is subn	mitted for a corporation organized under the laws of the State of Floi	rida	in order
to change its re	registered office or registered agent, or both, in the State of Florida.		
1. The name of	of the corporation: Infomed, P.A.		
2. The principa	al office address: 7370 N.W. 5th Street	. <u>.</u>	
Plantation,	, Florida 33317		
3. The mailing	g address (if different): 1111 Kane Concourse, Suite 605		
Bay Harbor	r Islands, Florida, 33154	·	
4. Date of inco	orporation/qualification: January 16, 2001 Document number:	P01000005436	·
	nd street address of the current registered agent and registered office of artment of State:	n file with the	
	Walker-Guy, Marcia		
	7370 N.W. 5th Street	TAL	38 年 1
	Plantation, Florida 33317		超量产
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or regis	tered office	REFERENCE TO
	Barry T. Shevlin, Esq.		8. 49 8. 49
	1111 Kane Concourse, Suite 605		70
	(P.O. Box or personal mailbox NOT acceptable)		
	Bay Harbor Islands, Florida 33154		
The street addi changed will b	ress of its registered office and the street address of the business of the desired identical.	fice of its register	ed agent, as
Such change withe board, or the	was authorized by resolution duly adopted by its board of directors the corporation has been notified in writing of the change.	or by an officer so	authorized by
Morg	Signature of an officer or director) Marcia Walker: (Printe	President, Secre	etary, Officer
I hereby accep I further agree duties, and I a being filed mer been notified i	of the appointment as registered agent and agree to act in this capa to comply with the provisions of all statutes relative to the proper to familiar with and accept the obligation of my position as register relytto reflect a change in the registered office address, I hereby con the writing of this diagree.		
	(Signature of Registered Agent)	(Date)	/
lf signing on b	pehalf of an entity:		
	BA-RRY Shewin Attorney	· · · · · · · · · · · · · · · · · · ·	
	(Typed or Printed Name)	(Canacity)	

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