

PD1000049900

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRUCARE OF MIAMI, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** PO1000049900

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:

LIAM A. DIEGO  
(Name of person)

TRUCARE OF MIAMI, INC.  
(Name of firm/company)

1401 SW 107 AVE. #301-D  
(Address)

MIA. FL. 33174  
(City/state and zip code)

For further information concerning this matter, please call:

LIAM A. DIEGO at (305) 559-2030  
(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRUCARE OF MIAMI, INC.
2. The principal office address: 1401 SW 107 AVE  
MIA. FLA. 33174
3. The mailing address (if different): P.O. Box 442869  
MIA. FL. 33144
4. Date of incorporation/qualification: 5-17-2001 Document number: PO1000049900

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Alberto Rodriguez, Esq.  
1200 Brickell Ave. #168  
MIA. FL. 33131

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

ELENA MOORE - DOMECQ, Esq.  
9260 Sunset Drive, #205  
(P.O. Box or personal mailbox NOT acceptable)  
MIA. FL. 33173

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, chairman or vice chairman of the board)

LILIAM A. DIEGO  
(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)

7-25-03  
(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 AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314