

PD1000073390

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(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D & M Medical Services, Inc.
(Name of corporation)

DOCUMENT NUMBER: PD1000073390

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:

Ovelyn Poitier
(Name of person)

D & M Medical Services, Inc.
(Name of firm/company)

14100 Palmetto Frontage RD suite 104
(Address)

Miami Lakes, FL 33016
(City/state and zip code)

For further information concerning this matter, please call:

Ovelyn Poitier at (305) 362-0130
(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

*NOTE: Please change my new Address.
Thank you.*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 29, 2004

OVELYN POITIER
O & M MEDICAL SERVICES, INC.
14100 PALMETTO FRONTAGE RD., STE.104
MIAMI LAKES, FL 33016

SUBJECT: O & M MEDICAL SERVICES, INC.
Ref. Number: P01000073390

We have received your document for O & M MEDICAL SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey
Document Specialist

Letter Number: 904A00042485

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: O & M Medical Services, INC
2. The principal office address: 14100 PALMETTO FRONTAGE RD SUITE 104
MIAMI LAKES, FL 33016
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/25/01 Document number: PO10000073390

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

Ovelyn Poitier
14505 Commerce Way, Ste. 304
MIAMI LAKES, FL 33016

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

OVELYN POITIER
14100 PALMETTO FRONTAGE RD SUITE 104
(P.O. Box or personal mailbox NOT acceptable)
MIAMI LAKES, FL 33016

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TALLAHASSEE, FLORIDA
STATE

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)

Ovelyn E Poitier
(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)

6/16/04
(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
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314