

P01000090561

(Requestor's Name)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FAMILY CARE MEDICAL SUPPLY INC.  
(Name of corporation)

DOCUMENT NUMBER: P01000090561

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:

JULIA POVEDA  
(Name of person)

FAMILY CARE MEDICAL SUPPLY INC.  
(Name of firm/company)

6309 Stirling Road  
(Address)

Davie, Florida 33314  
(City/state and zip code)

For further information concerning this matter, please call:

Julia Poveda at ( 954 ) 792-6462  
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Family Care Medical Supply Inc.
2. The principal office address: 6309 Stirling Road, Davie, Florida 33314.
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/14/2001 Document number: P01000090561
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

5210 S.W. 166th Avenue, Southwest Ranches, Florida 33331

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

6309 Stirling Road, Davie, Florida, 33314

(P.O. Box or personal mailbox 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 of an officer or director)

**Julia Poveda, President**

(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 of Registered Agent)

(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