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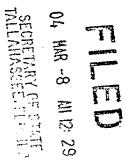
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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

· \* TO:

SUBJECT: FAMILY CARE MEDICAL SUPPLY INC. (Name of corporation)								
00100-1	•							
DOCUMENT NUMBER: PO 10000 90!	<u> </u>							
The enclosed Statement of Change of Registered Office/Age	nt 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:	Street Address:							
Amendment Section	Amendment Section							
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street							
Tallahassee, FL 32314	Tallahassee, FL 32399							

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

		ns 607.0502, 617.050				
		on organized under th			ıa	in order
to change its regis	stered office or reg	gistered agent, or bott	h, in the State	of Florida.		
1. The name of the	e corporation:f	amily Care Medical	Supply Inc.	y pour service		<u> </u>
2. The principal o	ffice address: 6	309 Stirling Road, D	avie, Florida	33314,	<u> </u>	<u>:</u>
			<u></u>		<del></del>	
3. The mailing add	dress (if different)	:_ Same	·		<u> </u>	25
_		· •				·
4. Date of incorpo	oration/qualification	on: 9/14/200	Docum	ent number:	P0100000	10561
5. The name and s Florida Departs		he current registered a	gent and regis	stered office on fi	ile with the	
	5210 S.W. 1	166th Avenue, South	west Ranche	s. Florida 3333	ı A	a 2
-		<u> </u>			2	HAR CRET
_	<del></del>	_ •	<del></del>			TA P
_		···			, r	
6. The name and : (if changed):	street address of the	he new registered age	nt (if changed	and /or register	ed office	N D
_	6309 Stirling	Road, Davie, Florida	a, 333 <u>1</u> 4			78 100
-	<del></del>	(P.O. Box or personal	mailbox NOT acce	eptable)		
	6:40	d office and the street	h addraga of th	a business offic	a of its register	ad agent as
changed will be	identical.	office and the sacce	e audices of a	ic ousiness offic	c or its register.	od agent, as
Such change was	authorized by re corporation has l	esolution duly adopte been notified in writi	ed by its board ng of the cha	d of directors or nge.	by an officer so	authorized by
	N-	- #	J	ulia Poveda, Pre		
•	gnature of an officer or		<del>-</del>	·	or typed name and till	•
I hereby accept to I further agree to duties, and I am being filed merei been notified in to	he appointment of comply with the familiar with and y to reflect a chawriting of this ch	ns registered agent and provisions of all state accept the obligation in the registerea ange.	nd agree to a tutes relative on of my posit l office addres	ct in this capacit to the proper an tion as registered ss, I hereby conf	y. id complete per d agent. Or, if i irm that the cor	formance of my this document is poration has
		~			·	
(5	Signature of Registered	Agent)			(Date)	
If signing on beh	nalf of an entity:					
	. <u> </u>	<u></u>	<u></u> _	<u></u>		
	(Typed or Printed Nam	ie)		- · -— -	(Capacity)	-

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