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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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December 30, 2002

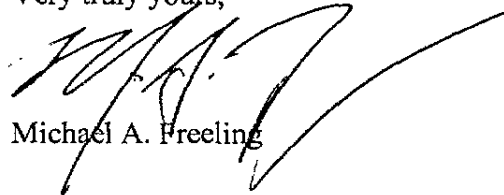
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Change of Address of Office and Address of Registered Agent for
M.D. Naturals, Inc. d/b/a VeraVista Healthcare

Dear Sir or Madam:

Please be advised that this office represents M.D. Naturals, Inc. The Registered agent remains as Leda Beaty Cugini. The new address for the registered agent and office of the corporation is: 5569 S.W. Coral Tree Lane, Palm City, Florida 34990. Enclosed is an original "Statement of Change of Registered Office for the Corporation", together with Attorneys Check No. 577 in the amount of \$35.00 as a filing fee. If you have any questions, feel free to contact me at (561) 864-0000. Thank you for your assistance.

Very truly yours,


Michael A. Freeling

MAF/wc

cc: M.D. Naturals, Inc.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, The undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: M.D. NATURALS, INC.
2. The mailing address of the corporation: 5569 S.W. Coral Tree Lane, Palm City, FL 34990.
3. Date of incorporation/qualification: September 21, 2001.
4. The name and address of the current registered agent and office: Leda Beaty, 13505 South Indian River Drive, #201, Jensen Beach, Florida 34957.
5. The name and address of the new registered agent (if changed(and /or registered office(if changed): (P.O. Box **Not** acceptable)

Leda Cugini, 5569 S.W. Coral Tree Lane, Palm City, FL 34990.

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.

x Leda Cugini

(Signature of an officer, chairman or vice chairman of the board)

x 12/26/02
(Date)

Leda Cugini, Pres.

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

x Leda Cugini

(Signature of registered Agent)

x 12/26/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILE FEE: \$35.00 ***