

PO1000095006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000037882210

06/14/04--01015--021 \*\*35.00

FILED

06 JUN 15 AM 9:11

SP/DB  
RA chs  
6/17/04

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Fenix Medical Center, Inc  
(Name of corporation)

DOCUMENT NUMBER: P01000095006

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:

Sandra Perez  
(Name of person)

PB&A Financial Services, Corp  
(Name of firm/company)

13935 NW 1st Ave  
(Address)

Miami, FL. 33168  
(City/state and zip code)

For further information concerning this matter, please call:

Sandra Perez at ( 305 ) 688-9694  
(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

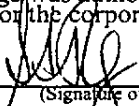
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

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: Fenix Medical Center, Inc
2. The principal office address: 5518 W Flagler St  
Miami, FL. 33142
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/28/2001 Document number: P01000095006
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Eduardo Mendez  
718 NW 99th Ct Cir  
Miami, FL. 33174
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
PB&A Financial Services, Corp  
13935 NW 1st Ave  
(P.O. Box or personal mailbox NOT acceptable)  
Miami, FL. 33168

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)

Sandra Perez for Norma Leiva  
\_\_\_\_\_  
(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)

6/10/04  
\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

Sandra Arguello  
\_\_\_\_\_  
(Typed or Printed Name)

President PB&A  
\_\_\_\_\_  
(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