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TALLAHASSEE, FLORIDA

T. Roberts JUL 28 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2008

EDWARD JARMAKOWICZ
MYMEDICALFORMS.COM, INC.
P O BOX 5725
WINTER PARK, FL 32793

SUBJECT: MYMEDICALFORMS.COM, INC.
Ref. Number: P01000119468

We have received your document for MYMEDICALFORMS.COM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please complete block #6.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 208A00023459

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MYMEDICALFORMS.COM, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000119468

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:

EDWARD JARMAKOWICZ
(Name of Contact Person)

MYMEDICALFORMS.COM, INC.
(Firm/Company)

PO BOX 5725
(Address)

WINTER PARK FL 32793
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD JARMAKOWICZ at (407) 260-9652
(Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: MYMEDICALFORMS.COM, INC.
2. The principal office address: 266 WILSHIRE BLVD STE 135 CASSELBERRY FL 32707
3. The mailing address (if different): PO BOX 5725 WINTER PARK FL 327935725
4. Date of incorporation/qualification: FEB. 29, 2008 Document number: P01000119468

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

266 WILSHIRE BLVD STE 135 CASSELBERRY FL 32707

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

EDWARD JARMAKOWICZ
600 NORTHERN WAY #1608
(P.O. Box NOT acceptable)
Winter Springs, FL 32708

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.

Edward Jarmakowicz
(Signature of an officer or director)

EDWARD JARMAKOWICZ, PRES
(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.

Edward Jarmakowicz
(Signature of Registered Agent)

APRIL 15, 2008

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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