

PO2000010069

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.  
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101  
(Address)

CORAL GABLES, FL 33134 305-444-4994  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED  
02 APR 30 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. THE BOSTON CLINIC INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
02 APR 30 PM 4:24  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. Coulllette APR 30 2002

300005336303--3  
-05/01/02--01001--013  
\*\*\*140.00 \*\*\*\*\*35.00

Examiner's Initials

**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, 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 : The Boston Clinic Inc.

2. The mailing address of the corporation : 815 Ponce de Leon Blvd.  
Suite: 100 Coral Gables, FL 33134

3. Date of incorporation/qualification: 1-29-02 Document number: PO2000010069

4. The name and address of the current registered agent and office:

Jorge L. Huguet  
815 Ponce de Leon Blvd. #100  
Coral Gables, FL 33134

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Raul Somodevilla  
815 Ponce de Leon Blvd. #100  
Coral Gables, FL 33134

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.

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

4-29-02  
(Date)

Raul Somodevilla (VD)  
(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.

ⓧ Raul Somodevilla  
(Signature of Registered Agent)

4-29-02  
(Date)

If signing on behalf of an entity:

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

\_\_\_\_\_  
(Capacity)

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