

PD2000013-602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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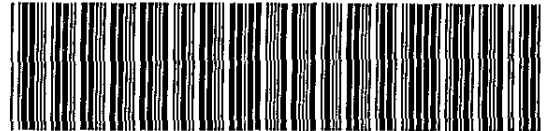
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. Ocullette JUN 17 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** National Durable Medical Equipment, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P02000013602

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:

Clara Bulte  
National Durable Medical Equipment, Inc.  
2450 SW 137 Avenue, Suite 203  
Miami, Florida 33175

For further information concerning this matter, please call:

Cynthia Hernandez at (305) 225-2567

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: National Durable Medical Equipment, Inc.
2. The principal office address: 2450 SW 137 Avenue; Suite 203; Miami, Florida 33175
3. The mailing address (if different): 2450 SW 137 Avenue; Suite 203; Miami, Florida 33175
4. Date of incorporation/qualification: February 5, 2002 Document number: P02000013602
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Xiomara Lee  
8055 Coral Way  
Miami, Florida 33155

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

Clara Bulte  
1521 Michigan Avenue; Apt 2  
Miami Beach, Florida 33139

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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, chairman or vice chairman of the board)

Entha Hernandez President  
(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)

6-5-03  
(Date)

If signing on behalf of an entity:

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

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

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

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