

P02000014411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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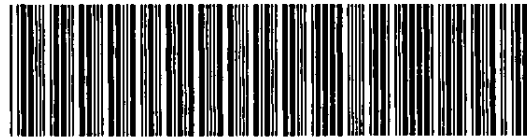
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2013

JORGE SALINAS  
LEDA MEDICAL CENTER INC.  
7105 SW 8 ST #206  
MIAMI, FL 33144 US

SUBJECT: LEDA MEDICAL CENTER, INC.  
Ref. Number: P02000014411

We have received your document for LEDA MEDICAL CENTER, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Rebekah White  
Regulatory Specialist

Letter Number: 413A00009402

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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Rebekah White  
Regulatory Specialist

Letter Number: 413A00009402

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Leda Medical Center, Inc.  
Name of Corporation

DOCUMENT NUMBER: PD 2000014411

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:

Jorge Salinas  
Name of Contact Person

Leda Medical Center, Inc.  
Firm/Company

7105 S.W. 8 St #206  
Address

Miami, FL 33144  
City/State and Zip Code

ledamedcenter@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Salinas at (305) 262-4801  
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: LEDA Medical Center, Inc.  
2. The principal office address: 7105 S.W. 8 Street #206  
MIAMI, FL. 33144  
3. The mailing address (if different): SAME AS ABOVE  
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jorge Salinas  
7105 S.W. 8 ST. #206  
MIAMI, FL. 33144

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

Jorge Salinas  
7105 S.W. 8 ST. #206  
MIAMI, FL - 33144

P.O. Box NOT acceptable

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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 or director: Jorge Salinas - 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.

Signature of Registered Agent: \_\_\_\_\_ Date: 5-03-13

If signing on behalf of an entity:

Jorge Salinas  
Typed or Printed Name

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