

PO2000040593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2003 JUN -2 AM 8:04  
TALLAHASSEE, FLORIDA

C. Coulliette JUN 04 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A & R Choice Medical Supplies, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P02000040593

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:

Ellie Figueroa  
(Name of person)

Income Tax & Ready Express, Inc  
(Name of firm/company)

101 N State Rd 7 #111  
(Address)

Margate FL 33063  
(City/state and zip code)

For further information concerning this matter, please call:

Ellie Figueroa at ( 904 ) 974-3338  
(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: AER Choice Medical Supplies, Inc.
2. The principal office address: 921 SW 27th Ave Suite 1-A  
Miami, Florida 33135
3. The mailing address (if different): 101 N State Rd 7 #111  
Margate FL 33063
4. Date of incorporation/qualification: 4-15-02 Document number: P02000040593
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

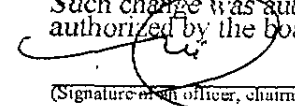
Arsenio Cue  
7915 NW 200 Ter  
Miami FL 33015

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

Alfredo Lopez  
1151 NW 32nd Place  
(P.O. Box or personal mailbox NOT acceptable)  
Miami FL 33125

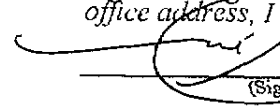
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Arsenio Cue 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)

Arsenio Cue 5/28/03  
(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

FILED  
2003 JUN -2 AM 8:05  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA