

P02000043933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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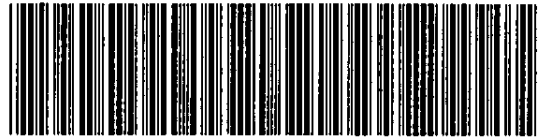
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Charge
News

12-15-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: U.S. Medical Care, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000043933

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:

Deborah Love
Name of Contact Person

Friedman, Rosenwasser, & Goldbaum, P.A.
Firm/Company

5355 Town Center Road, Suite 801
Address

Boca Raton, Florida 33486
City/State and Zip Code

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

For further information concerning this matter, please call:

Deborah Love at (561) 395-5511
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



COPY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2009

DEBORAH LOVE
FRIEDMAN, ROSENWASSER & GOLDBAUM, P.A.
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON, FL 33486

SUBJECT: U.S. MEDICAL CARE, INC.
Ref. Number: P02000043933

We have received your document for U.S. MEDICAL CARE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 609A00036052

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2009 DEC 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: U.S. Medical Care, Inc.
2. The principal office address: 3350 NW Boca Raton Blvd., Suite B-38, Boca Raton, Florida 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/23/2002 Document number: P02000043933
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)

Sasson Moulavi

3350 NW Boca Raton Blvd., Suite B-38

Boca Raton, Florida 33431

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

Friedman Rosenwasser & Goldbaum, P.A.

5355 Town Center Road, Suite 801

P.O. Box NOT acceptable

Boca Raton, Florida 33486

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

Sasson Moulavi
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.

Ronald N. Rosenwasser
Signature of Registered Agent

12-04-09
Date

If signing on behalf of an entity:

Ronald N. Rosenwasser

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

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA