

PO2000050936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400184058174

400184058174
09/24/10--01034--002 **35.00

10 SEP 24 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

20/27/10
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Humanity Medcare, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000050936

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:

Dr. Gregoire Garcon
Name of Contact Person

Firm/Company

4249 N. State Rd. 7
Address

Lauderdale Lakes, FL 33319
City/State and Zip Code

drfeet2000@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph R. Gosz at (305) 505-6340
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: Humanity Medcare, Inc.
2. The principal office address: 2500 RHODE ISLAND AVE
FORT PIERCE FL 34947
3. The mailing address (if different): P.O. BOX 490206
LAUDERDALE LAKES FL 33349
4. Date of incorporation/qualification: 05/03/2002 Document number: P02000050936
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)

Joseph R. Gosz
200 S. Biscayne Blvd., Ste. 4650
Miami, FL 33131

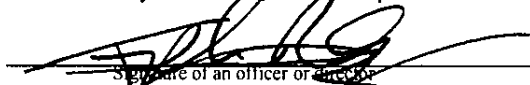
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joseph R. Gosz
601 NE 22nd St. #43
P.O. Box NOT acceptable
Miami, FL 33137

APPROVED
AND
FILED
10 SEP 24 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FL 32311

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

Joseph R. Gosz, Attorney

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

09/20/2010

Date

If signing on behalf of an entity, _____

Typed or Printed Name

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