

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335...

Phone: (305)599-0839

Fax Number: (305)716-0346

RECLIVED BSEP 29 PM 4: 34 USION OF CORPORATIONS

REGISTERED AGENT CHANGE

AMERITECH MEDICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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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 in order to change its registered office or registered agent, or both, in the State
of Florida. 1. The name of the corporation: AMERITECH MEDICAL, INC.
2. The principal office address: 2050 West 56th Street Bay 10
Hisleah. Florida 33016 3. The mailing address (if different): 2050 West 56th Street BAy # 10
Hialeah, Florida 33016
4. Date of incorporation/qualification: 6/28/02 Document number: P02000071456
 The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DEARE DOMINGUEZ
1455 N.W. 14th STreet
Miami, Florida 33125
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): SAMUEL DOMINGUEZ
2050 West 55th STreet Bay 10
(P.O. Box or personal mailbox NOT acceptable) Hialeah, Florida 33016
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, chairmann of vice systems of the board) Samuel Dominguez / Director/President (Printed or types name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther 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 aderess, I hereby confirm that the corporation has been notified in writing of this change. 9/24/03
(Signature of Registered Agent) (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