

P02000085087  
FILED

TRANSMITTAL LETTER

02 SEP 27 PM 4:06

TO: Amendment Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: DIVEGA MEDICAL SUPPLY INC.  
(Name of corporation)

DOCUMENT NUMBER: P02000085087

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:

GABRIEL E. VEGA  
(Name of person)

000008068630--0  
-09/27/02--01018--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

DIVEGA MEDICAL SUPPLY INC.  
(Name of firm/company)

8600 NW SOUTH RIVER DR. STE 208  
(Address)

MIAMI, FL 33166  
(City/state and zip code)

For further information concerning this matter, please call:

GABRIEL E. VEGA at ( 305 ) 863-9922  
(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

PS 10/1/02  
20/00

**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.

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 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE

- 1. The name of the corporation: DIVEGA MEDICAL SUPPLY INC.
- 2. The principal office address: 8600 NW SOUTH RIVER DR. STE 208 MIAMI, FL 33166
- 3. The mailing address (if different): SAME
- 4. Date of incorporation/qualification: AUGUST 05, 2002 Document number: P02000085087

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LARRY DIAZ  
4646 EAST 10 AVE  
HIALEAH, FL 33013

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

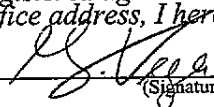
GABRIEL E. VEGA  
8600 NW SOUTH RIVER DR. STE 208  
(P.O. Box or personal mailbox NOT acceptable)  
MIAMI, FL 33166

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) \_\_\_\_\_ (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.*

 \_\_\_\_\_ SEPTEMBER 24, 2002  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

GABRIEL E. VEGA \_\_\_\_\_ DIRECTOR  
(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