

P02000090992

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Guardian Health CARE Services, Inc.
(Name of corporation)

DOCUMENT NUMBER: P02000090992

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:

Bonnie Krpata
(Name of contact person)

Guardian Health CARE Services, Inc.
(Firm/Company)

1301 W. Boynton Beach Blvd. Ste 9
(Address)

Boynton Beach, FL 33426
(City/state and zip code)

For further information concerning this matter, please call:

Bonnie Krpata at (561) 733-3353
(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
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: Guardian Health CARE Services, Inc
2. The principal office address: 1301 W. Boynton Bch Blvd STE 9
Boynton Beach, FL 33426
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: August 21, 2002 Document number: P02000090992
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PAMELA SAWYER
1301 W. Boynton Bch Blvd STE 9
Boynton Bch, FL 33426

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

BONNIE KRATA
1301 W BOYNTON Bch Blvd STE 9
Boynton Bch, FL 33426
(P.O. Box NOT acceptable)

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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.

Bon Krata / President
(Signature of an officer or director)

Bonnie Krata - 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.

Bon Krata
(Signature of Registered Agent)

12-30-04
(Date)

If signing on behalf of an entity:

Bonnie Krata
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE