

P02000110221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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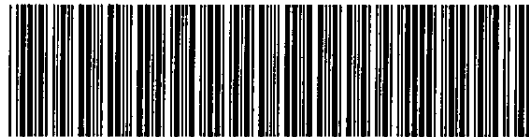
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 JAN -2 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change
C. Coulllette JAN 05 2006



26520 Agoura Road Calabasas, CA 91302

Toll-Free: 1-888-692-6771 Direct/Intl: 1-818-879-9079

Fax: 1-818-879-8005 Email: info@mycorporation.com

December 4, 2006

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**Re: CHANGE OF REGISTERED OFFICE/AGENT: ZYLOMED NORTH
FLORIDA, INC.**

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Statement of Change of Registered Office/Agent for the above-referenced entity.

Please find enclosed a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
26520 Agoura Road
Calabasas, California 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO
TRACY NEWMAN AT 888-692-6771 x 60134.**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Zylomed North Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000110221

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:

Post-Formation Filings
(Name of Contact Person)

MyCorporation.com
(Firm/Company)

26520 Agoura Rd.
(Address)

Calabasas, California 91302
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Newman at (818) 879-9079 x 60134
(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: Zylomed North Florida, Inc.
2. The principal office address: 7105 NW 50th St., #2303, Miami, Florida 33166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/10/02 Document number: P02000110221
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John V. Corona

7105 NW 50th St., Suite 2303

Miami, Florida 33166

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

NRAI Services, Inc.

2731 Executive Park Drive., Suite 4

(P.O. Box NOT acceptable)

Weston, Florida 33331

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TALLAHASSEE, FLORIDA

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)

John V Corona, 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.

Meghan Record, Asst. Sec.

(Signature of Registered Agent)

Meghan Record, Asst. Sec.

12-4-06

(Date)

If signing on behalf of an entity:

Meghan Record, Asst. Sec.

(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)