P03000000129

(Re	questor's Name)	
(Ad	dress)	
(Ad	dre ss)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	sine ss Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	



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Company Physics 33

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10 9.5.00

COVER LETTER

Amendment Section

TO:

Division of Corporations
MEDirect Latine Inc
SUBJECT: MEDirect Latino, Inc. (Name of Corporation)
Common or a reportation,
DOCUMENT NUMBER: P03000000129
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:
Debra L. Towsley
(Name of Contact Person)
MEDirect Latino, Inc.
(Firm/Company)
2101 West Atlantic Boulevard, Suite #101
(Address)
Pompano Beach, Florida 33069
(City/State and Zip Code)
For further information concerning this matter, please call:
Debra L. Towsley at (954) 321-3540 ext. 254 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Leison) (Alea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Mailing Address: Amendment Section Street Address: Amendment Section
Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: MEDirect Latino, Inc.
	office address: 2101 West Atlantic Boulevard, Suite #101, Pompano Beach, Florida 33069
3. The mailing ac	ddress (if different): Same as above
	and the second s
4. Date of incorp	oration/qualification: 12/30/2002 Document number: P03000000129
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the truent of State:
	Greene, Richard P.
	2455 East Sunrise Blvd Suite 905
	Fort Lauderdale, Florida 33304
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Swickle, Steven M. ESQ, Swickle & Swickle, PA.
	700 South Andrews Avenue, Suite #100
	(P.O. Box NOT acceptable) Fort Lauderdale, Florida 33316
	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board or the corporation has been notified in writing of the change.
	Debra L. Towsley, President/CEO (Printed or typed name and title)
I hereby accept in I further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this is fifed merely to reflect a change in the registered office address, I hereby confirm that the byen notified in writing of this change.
(Sig	nature of Registered Agent) (Date)
If signing on bel	half of an entity:
Swickle 2	Swickle LA yped or Printed Name)

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