

P03000014036

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TALLAHASSEE, FLORIDA

2/A Change

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7/10/03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pneumocare Diagnostic Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

CRISTIAN A. RUIZ  
(Name of person)

Pneumocare Diagnostic Inc.  
(Name of firm/company)

16201 SW 95 Ave. #112  
(Address)

MIAMI, FL 33157  
(City/state and zip code)

For further information concerning this matter, please call:

CRISTIAN A. RUIZ at 305 238-8198  
(Name of person) (Area code & daytime telephone number)  
954 701-5754

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: PNEUMOCARE DIAGNOSTIC, INC  
2. The principal office address: 16201 SW 95 AVE, SUITE 112  
MIAMI, FL 33157  
3. The mailing address (if different): —

4. Date of incorporation/qualification: 02/05/03 Document number: PD3000014036

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

CRISTIAN A. RUIZ  
420 NE 12 AVE #404  
HALLANDALE, FL 33009

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

MARISSA E. ALEGRIA  
15143 SW 143 AVE  
(P.O. Box or personal mailbox NOT acceptable)  
MIAMI, FL 33186

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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.

Cristian Ruiz  
(Signature of an officer, chairman or vice chairman of the board)

CRISTIAN A. RUIZ, 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.

Marissa Alegria  
(Signature of Registered Agent)

June 10, 2003  
(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