

P03000017719

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 17 PM 3:48

HEALTH MED CONSULTING
& MANAGEMENT, INC.

PO BOX 771671
MIAMI, FL. 33177

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

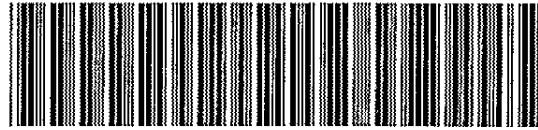
(Business Entity Name)

(Document Number)

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V SHEPARD MAR 26 2003

**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: Health-Med Consulting and Management, Inc.
2. The principal office address: 15143 SW 143 Ave. Miami, FL 33186

3. The mailing address (if different): PO Box 771671 Miami, FL 33177

4. Date of incorporation/qualification: 02/13/2003 Document number: P03000017719

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

James Rivera
20279 OLD Cutler Rd.
Miami, FL 33189

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

Fidel Alegria
15143 SW 143 AVE
(P.O. Box or personal mailbox NOT acceptable)
Miami, FL 33186

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.

Fidel Alegria
(Signature of an officer, chairman or vice chairman of the board)

Fidel Alegria / 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.

Fidel Alegria
(Signature of Registered Agent)

03/11/03
(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

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