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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Schlakman Medical, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO3000 TO 6 3/
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:
Bruce Schlakman (Name of Contact Person)
(Name of Contact Person)
Schlakman Medical Inc (Firm/Company)
(Firm/Company)
2548 Hunters Run Way
(Address)
Weston, FL 33327 (City/State and Zip Code)
For further information concerning this matter, please call:
Revice Schlakman at (954) 646-5311 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 Comparations Street Address: Amendment Section Division of Comparations
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provisi statement of change is	submitted for a	a corporation org	anized under ti	he laws of th	ne State of	FL	· 	
	-	ered office or regi	-					
 The name of the corp The principal office 	poration:	SCHIAKMA.	n Medic	<u> </u>	hc.			
2. The principal office	address:	2548	Hu-ters	Kun	Way			<u> </u>
	Neston,	FL 33	327		.,.			
3. The mailing address	(if different):_			·		<u> </u>		
4. Date of incorporation	n/qualification	5/7/0	3 Docum	nent number	r: 103000	00506	31	
5. The name and street Florida Department		current registered	l agent and reg	istered offic	e on file with	TANK !	ر 9	n
	Stettin	, Eric	Fsquir	٠ د		AHAS	==	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_2	565 ··	, Eric Executive FL	Park Dr	ive		SEE.	PH	
	Westn	FL		<u> 333</u>	3/	FLOR	<u>ઃ</u> 2	O
6. The name and street (if changed):		-	_			e Dr	~	
	Eric	Stettin	, Esq.					
· ·	2843	Stettin Exective P.O. Box NOT accepta	Park	Pr.				
	Weston	, FL	3333	1				
The street address of i as changed will be ide	ts registered o	ffice and the stre	et address of t	he business	office of its	registered	agent	•
Such change was auth authorized by the boar	orized by reso	lution duly adop oration has been	ted by its boar notified in wri	d of directo	ors or by an ochange.	officer so		
Signature of an	officer or director)		Bru		yped name and tit		lent	<u>_</u>
I hereby accept the ap I further agree to com of my duties, and I am document is being file corporation has been		registered agent rovisions of all si and accept the of the cange in thng of this chan	and agree to a atutes relative bligation of m the registerea ge.	•	•		rmanc r, if thi hat the	ie is e
(Signature o	Registered Agent)				16/07	1	<u></u>	
If signing on behalf of				(out y			
(Typed or	Printed Name)	· · · · · · · · · · · · · · · · · · ·						

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