

PO3 0000 67563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

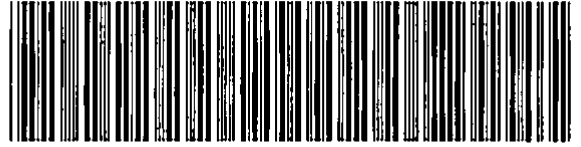
(Business Entity Name)

(Document Number)

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R. WHITE

SEP 17 2019

2019 AUG 22 AM 9:28

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POMPANO MEDICAL CENTER, INC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BACHOO SINGH

Name of Person

POMPANO MEDICAL CENTER, INC

Firm/Company

2701 NE 14TH STREET SUITE #2

Address

POMPANO BEACH FL 33062

City/State and Zip Code

BACHOOSINGH@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BACHOO SINGH

Name of Person

at ( 954 ) 942-4122

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Fax - 850-245-6897



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2019

BACHOO SINGH  
2701 NE 14TH ST STE #2  
POMPANO BEACH, FL 33062

SUBJECT: POMPANO MEDICAL CENTER, INC.  
Ref. Number: P03000067563

We have received your document for POMPANO MEDICAL CENTER, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 719A00018000

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Pompano Medical Center, Inc  
Name of Corporation

DOCUMENT NUMBER: P030000067563

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:

Kal

Name of Contact Person

Pompano Medical Center, Inc  
Firm/Company

2701 NE 14th #2  
Address

Pompano Beach FL-33062  
City/State and Zip Code

bachoo.singh@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kal

Name of Contact Person

at (954) 942-4122  
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: Pompano Medical Center, Inc  
2. The principal office address: 2701 NE 14 St #2  
Pompano Beach, FL - 33062  
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 07/2003 Document number: P0300000675

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

2700 NE 14 St #101  
Pompano Beach, FL 33062

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

BACHOO SINGH  
2701 NE 14 St # 2  
Pompano Beach, FL - 33062

P.O. Box NOT acceptable

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.

BSingh  
Signature of an officer or director

BACHOO SINGH  
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.

BSingh  
Signature of Registered Agent

9/10/19  
Date

If signing on behalf of an entity:

BACHOO SINGH  
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 (03/12)