

PO3000072268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

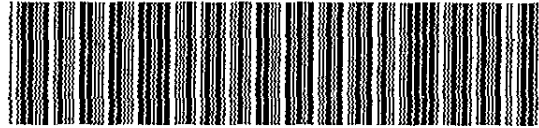
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900038104229

06/21/04--01024--008 \*\*35.00

**FILED**  
04 JUN 21 PM 4:40  
CLERK OF STATE  
ALLAHASSEE, FLORIDA

Ps 6/29/04

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Prains Medical Center, Corp.  
(Name of corporation)

DOCUMENT NUMBER: P03000072268

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:

Hortie Huertas  
(Name of person)

Hortie Huertas & Assoc. P.A.  
(Name of firm/company)

4343 W. Flagler Street #101  
(Address)

Miami, FL 33134  
(City/state and zip code)

For further information concerning this matter, please call:

Hortie Huertas at ( 305 ) 443-5068  
(Name of 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 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: Progen Medical Center, Corp.  
2. The principal office address: 1490 W. 68 Street #103-104  
Hialeah, FL 33014  
3. The mailing address (if different): same

4. Date of incorporation/qualification: 6/30/2003 Document number: P03000072268

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

Idemio B. Pico  
1295 W. 66 Street #13  
Hialeah, FL 33012

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

Lilian de la Cruz  
15608 SW 10 Street  
Miami FL 33194  
(P.O. Box or personal mailbox NOT acceptable)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

04 JUN 21 PM 4:40

FILED

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.

[Signature]  
(Signature of an officer or director)

Osvaldo Sotolongo, Secretary  
(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.

[Signature]  
(Signature of Registered Agent)

6/16/04  
(Date)

If signing on behalf of an entity:

Lilian de la Cruz, R/A  
(Typed or Printed Name)

by: Osvaldo Sotolongo, Secretary  
\*\*\* FILING FEE: \$35.00 \*\*\*

[Signature]  
(Capacity)