

PO 3000085573

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000307295 3)))



H070003072953ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
2007 DEC 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : MDMB
Account Number : I20030000084
Phone : (305) 279-2276
Fax Number : (305) 630-9678

07 DEC 28 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

REGISTERED AGENT CHANGE

HOMESTEAD MEDICAL EQUIPMENT AND SUPPLIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

RA Chang
12/28/07
DC

HO 7 000 3072953

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOMESTEAD MEDICAL EQUIPMENT AND SUPPLIES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P 03000085573

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:

VIVIAN C. CASTILLO
(Name of Contact Person)

(Firm/Company)

1457 NORTH KROME AVENUE
(Address)

HOMESTEAD, FL 33030
(City/State and Zip Code)

For further information concerning this matter, please call:

VIVIAN C. CASTILLO at 305, 042-4129
(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 Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

HO 1 000 3072953

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: HOMESTEAD MEDICAL EQUIPMENT AND SUPPLIES, INC.
2. The principal office address: 1457 NORTH KROME AVENUE, HOMESTEAD, FL 33030
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/04/2009 Document number: PQ3000085573
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CHARLES GUGLIUZZA
381 KROME AVENUE, SUITE 102
HOMESTEAD, FL 33030

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

VIVIAN C. CASTILLO
1457 KROME AVENUE
(P.O. Box NOT acceptable)
HOMESTEAD, FL 33030

FILED
07 DEC 28 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 officer or director)

VIVIAN C. CASTILLO
(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 in respect 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)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)