

F. Roberts 1441121612009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2009

LAURENT BENSOUSSAN  
TAKE CARE USA, INC.  
1741 ALTON ROAD  
MIAMI BEACH, FL 33139

SUBJECT: TAKE CARE USA, INC.  
Ref. Number: P03000086062

We have received your document for TAKE CARE USA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent, which is LAURENT BENSOUSSAN, must sign below on form which says signature of registered agent.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 409A00000957

RECEIVED  
2009 JAN 26 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Take Care Usa, Inc +  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000086062

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:

LAURENT BENSOUSSAN  
(Name of Contact Person)

Take Care Usa, Inc  
(Firm/Company)

1741 Alton Road  
(Address)

Miami Beach, FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURENT BENSOUSSAN at ( 305 ) 773-4001  
(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

**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: Take Care Usa, Inc.
2. The principal office address: 173 Stanhope Circle  
Naples, FL 34104
3. The mailing address (if different): 5941 SW 116th Street  
Coral Gables, FL 33156
4. Date of incorporation/qualification: 08/04/2003 Document number: P03000086062
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)

Richard Nivison  
173 Stanhope Circle  
Naples, FL 34104

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

LAURENT BENSOUSSAN  
11710 SW 80th Road  
(P.O. Box NOT acceptable)  
Pinecrest, FL 33156

FILED  
09 JAN 26 PM 4:32  
FLORIDA DEPARTMENT 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.

L D Bensoussan  
(Signature of an officer or director)

LAURENT BENSOUSSAN  
(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.*

L D Bensoussan  
(Signature of Registered Agent)

12/22/08  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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