

PD3000 156853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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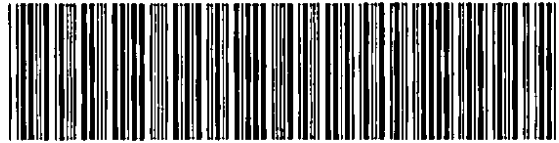
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
AFFAIRS
ATLANTA, GA 30303

FILED

APR 08 2020
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIVERSAL MEDICAL SERVICES CORP
Name of Corporation

DOCUMENT NUMBER: P030001569.53

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:

Almonte - Gomez Carlos Arturo
Name of Contact Person

UNIVERSAL MEDICAL SERVICES CORP
Firm/Company

5901 NW 151 ST STE 103
Address

MIAMI LAKES FL 33014
City/State and Zip Code

E-mail address: (to be used for future annual report notification) Universalmedicalservicescorp12@gmail.com

For further information concerning this matter, please call:

Almonte - Gomez Carlos Arturo at (305) 557 5243
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: UNIVERSAL MEDICAL SERVICES CORP

2. The principal office address: 5901 NW 151 ST STE 103
Miami Lakes FL 33014

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/26/2003 Document number: PD3000156253

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)

Almonte, Carlos A
5901 NW 151 ST STE 103

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

Almonte - Gomez Carlos Arturo
5901 NW 151 ST STE 103
P.O. Box NOT acceptable
Miami Lakes FL 33014

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

CARLOS ALMONTE, M.D
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

3/20/2020
Date

If signing on behalf of an entity:

CARLOS ALMONTE
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 (04/13)

2020 MAR 24 AM 8:09
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

FILED