

PD4000035142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PD change*  
*SS*



**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: M.B.M MEDICAL SUPPLY, INC
2. The principal office address: 6363 TAFT STREET , SUITE 311, HOLLYWOOD, FL 33024
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/19/2004 Document number: P04000035142
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BERTA MEJIAS

9551 BAHAMA DR

MIAMI, FL 33189

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

WILLIAM MENDOZA

3126 NW 33 STREET

(P.O. Box NOT acceptable)

MIAMI, FL 33142

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 authorized by the board, or the corporation has been notified in writing of the change.

BERTA MEJIAS  
(Signature of an officer or director)

BERTA MEJIAS

(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)

4/28/06  
(Date)

If signing on behalf of an entity:

WILLIAM MENDOZA

(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 (8/05)

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