

P040000 49400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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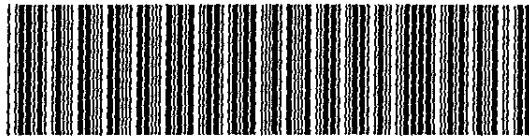
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNRISE MEDICAL SERVICES CENTER, INC  
(Name of corporation)

**DOCUMENT NUMBER:** P04000049400

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:

JUAN CARLOS MORENO  
(Name of contact person)

SUNRISE MEDICAL SERVICES CENTER, INC.  
(Firm/Company)

8810 WEST FLAGER ST. # 4  
(Address)

MIAMI, FLORIDA 33174  
(City/state and zip code)

For further information concerning this matter, please call:

JUAN CARLOS MORENO at ( 305 ) 299-5007  
(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  
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: SUNRISE MEDICAL SERVICES CENTER, INC
2. The principal office address: 8810 WEST FLAGLER ST, # 4, MIAMI FLORIDA 33174
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: MARCH 18/2004 Document number: P04000049400
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RAMON A.VALDES

6060 NW 5 ST, MIAMI FLORIDA

33126

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

JUAN CARLOS MORENO

8810 WEST FLAGER ST,# 4

(P.O. Box NOT acceptable)

MIAMI, FLORIDA 33174

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 of an officer or director)

JUAN CARLOS MORENO/PRESIDENT

(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 of Registered Agent)

OCTOBER 26, 20004

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314