

PB4000074251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

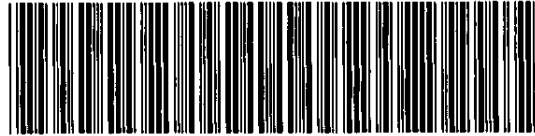
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA Change

07/10/08--01007--022 **35.00

RECEIVED
08 JUL 10 AM 11:04
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2008 JUL 10 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADP
7/10/08

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. GOOD FRIENDS MEDICAL SERVICES INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**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: GOOD FRIENDS MEDICAL SERVICES INC
2. The principal office address: 8260 WEST FLAGLER ST SUITE 2B
MIAMI FL 33144
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/06/2004 Document number: P04000074251
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARITZA SALAN

8260 WEST FLAGLER ST SUITE 2B

MIAMI, FL 33144

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

RACHEL INES LUIS

8260 WEST FLAGLER ST SUITE 2B

(P.O. Box NOT acceptable)

MIAMI FL 33144

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.

X R. Z.
(Signature of an officer or director)

RACHEL INES LUIS 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.

X R. Z.
(Signature of Registered Agent)

JULY 08/2008

(Date)

If signing on behalf of an entity:

RACHEL INES LUIS

(Typed or Printed Name)

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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