

PO40000113173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

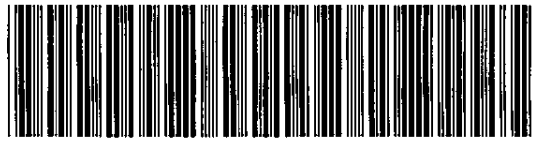
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Doral Medical Center, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P04000113173

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:

Antonio I Cantos

Name of Contact Person

Doral Medical Center, Inc

Firm/Company

3625 NW 82 Ave. Ste #117

Address

Doral, FL 33166

City/State and Zip Code

acantos@doralmedicalcenter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Cantos

Name of Contact Person

at ( 786 ) 2512236

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: Doral Medical Center, Inc
2. The principal office address: 3785 NW 82 Ave. Ste # 117 Doral, FL 33166
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 8/3/2004 Document number: P04000113173
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)

Cantos, Antonio  
3625 NW 82 Ave. Ste # 311  
Doral, FL 33166

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

Cantos, Antonio (SAME NAME)  
3785 NW 82 Ave. Ste # 117  
P.O. Box NOT acceptable  
Doral, FL 33166

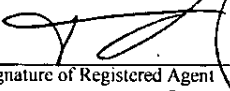
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 Antonio Cantos / President  
Signature of an officer or director 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.*

 5/20/15  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Doral Medical Center / Antonio Cantos  
Typed or Printed Name

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