## P04000153U52

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OF OF CORPORATIONS

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## **COVER LETTER**

Division of Corporat	ions				
SUBJECT:	TURIECT: EVOICE INTERNATIONAL, INC.				
(Name of Corporation)					
DOCUMENT NUMBER:_	T NUMBER: P04000153652				
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:					
JONATHAN S. WARE, MD					
(Name of Contact Person)					
EVOICE INTERNATIONAL, INC. (Firm/Company)					
	(1 mm/Ct	ompany)			
	17013 NW 7TH ST	IREET SHITE 103			
17913 NW 7TH STREET, SUITE 103 (Address)					
	•	,			
	PEMBROKE PINES	S, FLORIDA 33029			
(City/State and Zip Code)					
For further information concerning this matter, please call:					
IOMATHAN C	WADE MD	054 969 2944			
(Name of Con	. WARE, MD itact Person)	at ( <u>954</u> ) 868-2844 (Area Code & Daytime Telephone Numb	er)		
•	ŕ	•			
Enclosed is a \$35.00 check made payable to the Department of State.					
Mail	ing Address: endment Section	Street Address: Amendment Section			
	sion of Corporations	Division of Corporations			
	Box 6327	Clifton Building			
	ahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

TO: Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	517.0302, 607.1308, or 617.1308, Flo n organized under the laws of the Stat r registered agent, or both, in the Stat	te of FLORIDA
1. The name of t	the corporation:	EVOICE INTERNATIONAL. INC	
2. The principal	office address:	17913 NW 7TH STREET, SUITE 103	3
	PE	EMBROKE PINES, FLORIDA 330	29
3. The mailing a	ddress (if different): SAME A	AS PRINCIPAL OFFICE ADDRESS	ABOVE
4. Date of incorp	poration/qualification:11/10/2	2004 Document number:	P04000153652
	I street address of the current registment of State:	stered agent and registered office on f	ile with the
	JONATHAN S. WARE		
	17900 NW 5TH STREET	, SUITE 201-7	
	PEMBROKE PINES, FLOR	RIDA 33029	
6. The name and (if changed):	l street address of the new register	red agent (if changed) and /or registere	SECRETARY OF OR ATIONS WISION OF DEC 17 PM 1: 17 of DEC 17 PM 1: 17
	JONATHAN S. WARE, M	ID	CORPORATIONS 17 PM 1: 17
	500 SW 108TH AVENUE, APT. 101		
	(P.O. Box NOT acceptable) PEMBROKE PINES, FLORIDA 33029		
	ess of its registered office and the be identical.	e street address of the business office	e of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or been notified in writing of the chang	by an officer so e.
	re of air officer or director)	JONATHAN S. WARE, M (Printed or typed nar	ne and title)
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	gent and agree to act in this capacit all statutes relative to the proper an the obligation of my position as reg ge in the registered office address, T change.	y. d complete performance istered agent. Or, if this hereby confirm that the
0	erable	12/14/200	)7
(Si	nature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Τ)	yped 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)

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