

P05000020087

Ramon Reyes  
(Requestor's Name)

5035 Palm Ave.  
(Address)

Hialeah, FL 33012  
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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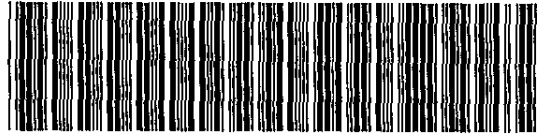
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

G. Ouellette MAR 10 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

RAMON REYES  
5035 PALM AVE.  
HIALEAH, FL 33012

SUBJECT: SKY MEDICAL SUPPLY, INC.  
Ref. Number: P05000020087

We have received your document for SKY MEDICAL SUPPLY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have completed the wrong form to change your registered agent. I am enclosing the correct form for you to fill out with the correct information and return to me with a copy of this letter so that I may process your filing for you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 406A00013966

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2006

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SKY Medical Supply, Inc.  
2. The principal office address: 12545 NW 15<sup>th</sup> Ave North  
MIAMI, FL 33167  
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 2/2/2005 Document number: POS000020087

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Hector I. Mendoza  
3300 NW 11 St  
MIAMI, FL 33125

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

Steven Mendez  
12545 NW 15<sup>th</sup> Ave North  
(P.O. Box NOT acceptable)  
MIAMI, FL 33167

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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.

Steven May  
(Signature of an officer or director)

Steven Mendez 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.*

Steven May  
(Signature of Registered Agent)

3/3/06  
(Date)

If signing on behalf of an entity:

Steven Mendez  
(Typed or Printed Name)

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