

P 05000033207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200294499052

02/28/17--01021--014 **35.00

FILED
17 FEB 28 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ra Change

MAR 07 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J.O. MEDICAL CENTER INC
Name of Corporation

DOCUMENT NUMBER: P05000033207

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:

ALFREDO ROMERO

Name of Contact Person

J.O. MEDICAL CENTER INC

Firm/Company

8700 WEST FLAGLER ST, SUITE 285

Address

MIAMI, FL 33144

City/State and Zip Code

JOMEDICAL@YAHOO.COM

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

For further information concerning this matter, please call:

ALFREDO ROMERO

Name of Contact Person

at (786) 452-9841

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

FILED
17 FEB 28 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: J.O. MEDICAL CENTER INC
2. The principal office address: 8700 WEST FLAGLER ST, SUITE 285 MIAMI, FL 33144
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/26/2015 Document number: P05000033207

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)

RESIGNED : JOSE M OQUENDO

3483 SW 152 PASSAGE MIAMI FL 33185

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

ALFREDO ROMERO


8700 WEST FLAGLER ST, SUITE 285, MIAMI FL 33144

P.O. Box NOT acceptable

FILED
17 FEB 28 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ALFREDO ROMERO (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

02/23/2017

Date

If signing on behalf of an entity:

ALFREDO ROMERO (PRESIDENT)

Typed or Printed Name

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