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COVER LETTER

Division of Corporations
SUBJECT: RAM MEDICAL Name of Corporation
DOCUMENT NUMBER: PO 50000 56 797
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:
Antoinette Felire Name of Contact Person
Rem Medical Firm/Company
7301 South Dixe Hishway
West Palm Beach FL 33405 City/State and Zip Code Antoinette Felice O yahoo Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: RANDHAL LALL ANTOINETTE Area Code & Daytime Telephone Number
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2010

RANDHIR LAL RAM MEDICAL, INC. 7301 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405

SUBJECT: RAM MEDICAL, INC. Ref. Number: P05000056797

We have received your document for RAM MEDICAL, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 010A00001541

ThelmA.

Please let us know if othereis Anything else you need,

Thanks

RAM MEDILAR



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

1. The name of the corporation: RATM MEDICAL, Inc. 2. The principal office address: 7301 SOUTH DXIE HISHURY WEST PAIM BOAL FICKLOA BYOS 3. The mailing address (if different): 4. Date of incorporation/qualification: 3.11.2004 Document number: POSOCO 56797 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) RANDIEL A. LA. 301 SOUTH DIXIC HUY WEST RIM BOA FL 33405 6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed): ANTOLINETE FRICE SAME AS ABOVE P.O. Box NOT acceptable 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. Thereby accept the appointment as registered agent and agree to act in this capacity, if further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I and familiar with and accept the obligation of my spation as registered agent. Or, if this corporation has been notified my writing of this change. Signature of Registered Agent 1-29.10 Signature of Registered Agent 1-29.10 Date Typed or Printed Name ****FILING FEE: \$35.00 ***	statement of chang	ge is submitted f	or a corporatio	617.0502, 607.1500 n organized under r registered agent,	the laws of the	State of Flor	
3. The mailing address (if different): 4. Date of incorporation/qualification: 3. 11-2004 Document number: PO50000 56797 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) Randhie. A. La. 301 South Dixie Huy West Relm Beh FL 33105 6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed): Anto INETE FRIE Same AS Above FO. Box NOT acceptable 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. Anto I be identical. 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. I be 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 change. I signalure of Registered Agent I signalure of Registered Agent I proper or Frinted Name	1. The name of the	corporation:	RAM	MODICY	AL, Inc	· -i	
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Signature of Registered Agent If signing on behalf of an entity: Typed or Printed Name	Ranke	a O Lel	•	_	another	LAC D.P	
If signing on behalf of an entity: Typed or Printed Name	I hereby accept th I further agree to of my duties, and a document is being corporation has b	e appointment comply with th I am familiar w giled merely to een notified in	as registered a e provisions of ith and accept o reflect a chan writing of this	igent and agree to all statutes relativ the obligation of i ge in the registere change.	act in this capted to the proper my position as a doffice addres	acity, cand complete perestream registered agent, s, I hereby confir	erformance Or, if this m that the
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