

P05000056797

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Recharge
Taxes
2-8-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAM MEDICAL
Name of Corporation

DOCUMENT NUMBER: P05000056797

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 Felice
Name of Contact Person

Ram Medical
Firm/Company

7301 South Dixie Highway
Address

West Palm Beach FL 33405
City/State and Zip Code

AntoinetteFelice@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDY LAL / ANTOINETTE FELICE at (904) 586-8313
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 there's
Anything else you need.

Thanks,

RAM MEDICAL

RECEIVED
2010 FEB -4 AM 8:00
TAX DEPT
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: RAM MEDICAL, Inc.
2. The principal office address: 7301 South Dixie Highway
West Palm Beach FLORIDA 33405
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3-11-2004 Document number: POS000056797

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)

Randhir A. Lal
7301 South Dixie Hwy
West Palm Bch FL 33405

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

ANTOINETTE FELICE
SAME AS ABOVE

P.O. Box NOT acceptable

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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.

Randhir A Lal
Signature of an officer or director

RANDHIR LAL D.P.M
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]
Signature of Registered Agent

1-29-10
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)