

AD5 000076594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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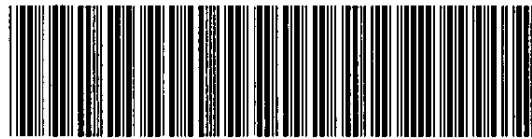
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong
C.COULLIETTE

JUN 11 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL VILLAGE HEALTHCARE GROUP, INC.
Name of Corporation

DOCUMENT NUMBER: P050000 76594

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:

EVELYN GONZALEZ
Name of Contact Person

MEDICAL VILLAGE HEALTHCARE GROUP, INC.
Firm/Company

816 W. OAK ST.
Address

KISSIMMEE, FL. 34741
City/State and Zip Code

MEDVILLAGE 816 @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelyn Gonzalez at (407) 694-6026
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

**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: MEDICAL VILLAGE HEALTHCARE GROUP, INC.
2. The principal office address: 816 W. OAK ST.
KISSIMMEE, FL 34741
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: MAY 2005 Document number: P050000 76594

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

EVELYN GONZALEZ
3002 PINE CONE DRIVE #210
KISSIMMEE, FL 34741

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Khalid Manzur
Signature of an officer or director

KHALID MANZUR
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.

Evelyn Gonzalez
Signature of Registered Agent

5-26-09
Date

If signing on behalf of an entity:

EVELYN GONZALEZ
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)