

PO50000 83051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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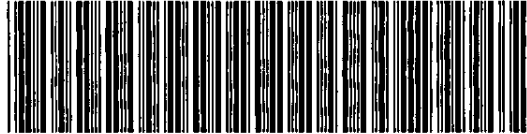
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAM Health Enterprises, Inc
Name of Corporation

DOCUMENT NUMBER: P05000083051

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:

Maria A Monzon
Name of Contact Person

MAM Health Enterprises
Firm/Company

6961 SW 162 St
Address

Palmetto Bay, 33157
City/State and Zip Code

mamhealthcare@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria A Monzon at (305 267-7895)
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: MAM Health Enterprises, Inc
2. The principal office address: 1350 SW 57 Ave. # 315
West Miami FL 33144
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/9/2005 Document number: POS000083051

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)

Rogelio Hernandez
6961 SW 152 St
Palmetto Bay, FL 33157

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

Angel Gonzalez
2114 NW 27 ST
P.O. Box NOT acceptable
Miami FL 33157

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 or authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Angel Gonzalez
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

3/2/15
Date

If signing on behalf of an entity:

Rogelio Hernandez
Typed or Printed Name

**FILING CANCELLED
RETURNED CHECK**

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

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