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SECRETARY OF STATE, TALLAHASSEE, FLORING

R.A. Charge

C.COULLIETTE

JUL 14 2009

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporation	ns					
SUBJ	ЕСТ:	LIFELINK MD C	ENTER INC.				
DOC	UMENT NUMBER:	P05000	147468				
The er	nclosed Statement of Cha	nge of Registered Offic	ce/Agent and fee are	submitted for filing.			
Please	return all correspondenc	e concerning this matte	er to the following:				
	LEONARD J RIFKIN Name of Contact Person						
	LIFELINK MD CENTER INC.						
		Firm/C	ompany				
	4081 YUCATAN						
		Ade	dress				
PORT CHARLOTTE FL 33948 City/State and Zip Code							
	info@lifelinkmdcenter.com E-mail address: (to be used for future annual report notification)						
For fu	rther information concerr	ning this matter, please	call:				
	Leonard J	Rifkin	at (941 ·	624-2004			
	Name of Contac	et Person	Area Code &	624-2004 Daytime Telephone Number			
Enclos	sed is a \$35.00 check made	de payable to the Depar	rtment of State.				
	Divisi P.O. B	g Address: dment Section on of Corporations dox 6327 assee, FL 32314	Division Clifton 2661 Ex	ddress: nent Section n of Corporations Building tecutive Center Circle ssee, FL 32301			

TO:

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: LIFELINK MD CENTER INC.	
2. The principal office address: 4081 YUCATAN CIR	
PORT CHARLOTTE FL 33948	
3. The mailing address (if different): PO BOX 380623 MURDOCK FL 33938	
D	1110
	768
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)	
Leonard Rifkin.	
4081 YUCATAN CIR	
PORT CHARLOTTE FL 33948	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
ROBERT JAMESON EN CONTRACTOR AND CON	ð
4081 YUCATAN CIR	
P.O. Box NOT acceptable PORT CHARLOTTE FL 33948	
The street address of its registered office and the street address of the business office of its registered a as changed will be identical.	gent,
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.	
Significant of an official or dyfector 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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, document is being filed merely to reflect a change in the registered office address, I hereby confirm the corporation has been notified in writing of this change.	nance if this it the
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

. * FILING FEE: \$35.00 * * *