

P05000151051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

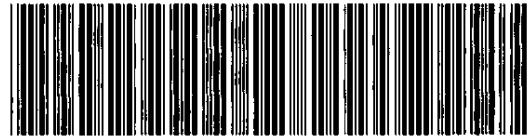
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUL 23 PM 3:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

R.A. Chong
C.COULLIETTE

JUL 23 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: America Health Care, Inc.
Name of Corporation

DOCUMENT NUMBER: POS 000151051

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:

Carlos Pedre

Name of Contact Person

Firm/Company

8347 NW 36 St. #C

Address

miami FL 33166

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Pedre

Name of Contact Person

at (305) 817-2679

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: America Health Care, Inc.
2. The principal office address: 8347 NW 36 street #C
Miami, FL 33166
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 11-14-05 Document number: PO5000151051
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)

Carlos Pedro

1480 West 46 St. #118

Hialeah Fl 33012

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

Carlos Pedre

8347 NW 36 Street #C

P.O. Box NOT acceptable

miami FI 33166

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.

Signature of an officer or director

Carlos Pedre president

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 of Registered Agent

Date _____

7-9-2010

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)