

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : SANCHEZ-MEDINA & ASSOCIATES, P.A.
Account Number : I20030000135
Phone : (305) 448-4344
Fax Number : (305) 448-7887

REGISTERED AGENT CHANGE

VIRTUAL NURSE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

07 MAY 29 AM 8:00

DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, 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: Virtual Nurse, Inc.
2. The principal office address: 7108 Fairway Drive
Suite 215, Palm Beach Gardens, FL 33418
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 8/01/2006 Document number: PO6000100454
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Amelia Rea Maguire, PA
2715 Toledo Street
Coral Gables, FL 33134

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

Roland Sanchez-Medina, Jr.
Sanchez-Medina, Gonzalez & Quesada, LLC
2333 Ponce de Leon Blvd, Suite 302
(P.O. Box NOT acceptable)
Coral Gables, FL 33134

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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.

Amelia Rea Maguire
(Signature of an officer or director)

Amelia Rea Maguire, Director/Exec. Vice 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.

Roland Sanchez-Medina, Jr.
(Signature of Registered Agent)

5/09/07
(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)