

PD 7000002421

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

to 11-1-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2011

YUSIMI RIVERO
FARMERS MEDICAL CENTER
1140 W 50 ST #208
HIALEAH, FL 33012

SUBJECT: FARMERS MEDICAL CENTER, INC.
Ref. Number: P07000002421

We have received your document for FARMERS MEDICAL CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document must be signed below by an officer or director and typed or print name and title. Receptionist is not an acceptable signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 011A00020370

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Farmers Medical Center, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000002421

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:

Jusimi Rivero
Name of Contact Person

Farmers Medical Center, Inc.
Firm/Company

1140 W 50 ST, #208
Address

Hialeah, FL 33012
City/State and Zip Code

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

For further information concerning this matter, please call:

Jusimi Rivero at (305) 828-3679
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Farmers Medical Center, Inc.
2. The principal office address: 1140 W 50 ST, #208, Hialeah, FL 33012
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/5/2007 Document number: P07000002421
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)

Lester Martinez
3530 NW 99 ST
Miami, FL 33147

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

Yusimi Rivero
2595 W 70 Place
P.O. Box NOT acceptable
Hialeah, FL 33014

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TALLAHASSEE, FLORIDA

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]
Signature of an officer or director (MEDICAL DIRECTOR)

Marta Rosa Fernandez
Printed or typed name

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

07/13/11
Date

If signing on behalf of an entity:

Typed or Printed Name

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