

PO7000012914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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07/08/10--01025--001 **10.00

08/10/10--01033--002 **50.00

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2010 JUL -8 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

JUL - 8 2010

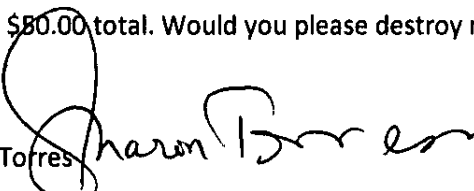
Gina,

6/7/10

I sent you a check for \$110.00 on 5/21/10. I sent the wrong amount. Since talking to you I have decided to update both companies. See attached cover letters for 2 separate changes of Registered Agents. I am sending \$80.00 total. Would you please destroy my other check?

Thanks,

Sharon Torres


sharontnp@aol.com

352.978.7357

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocala Heart Care
Name of Corporation

DOCUMENT NUMBER: P07000012914

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:

Sharon Torres
Name of Contact Person

Ocala Heart Care
Firm/Company

501 SW 96th Lane
Address

Ocala FL 34476
City/State and Zip Code

sharon+np@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Torres at 352 291 0019
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2010

SHARON TORRES
OCALA HEART CARE, INC.
40 SW 12TH ST STE B-201
OCALA, FL 34471

SUBJECT: OCALA HEART CARE, INC.
Ref. Number: P07000012914

We have received your document for OCALA HEART CARE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 010A00015481

**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: Ocala Heart Care, Inc.
2. The principal office address: 40 SW 12th ST B 201
Ocala FL 34471
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 1/29/07 Document number: P07000012914

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)

Corporation Service Company
1201 Hayes St
Tallahassee FL 32301

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

Sharon Torres
501 SW 96th Ln
P.O. Box NOT acceptable
Ocala FL 34476

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL -8 AM 11:03

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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.

Ramon Torres
Signature of an officer or director

Ramon Torres
Printed or typed name and title

managing partner

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.

Sharon Torres
Signature of Registered Agent

5 July 10
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)