

P070000031165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

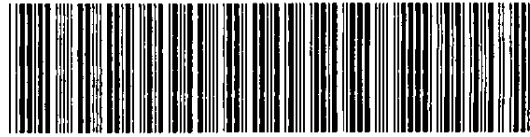
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR - 7 PM 2:33

RA/RO/chg  
@ 3/7/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Urgent Care AT Sawgrass Inc  
Name of Corporation

**DOCUMENT NUMBER:** P07000031165

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:

A. Pestano  
Name of Contact Person

Business Services & Support Net., Corp  
Firm/Company

7758 NW 44 ST  
Address

Sunrise FL 33351  
City/State and Zip Code

tony.pestano@bssnusa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Pestano at ( 954 ) 578-0016  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: URGENT CARE AT SAWGRASS, INC  
2. The principal office address: 12651 WEST SUNRISE BLVD, #101  
SUNRISE, FL 33323  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/9/2007 Document number: P07000031165

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)

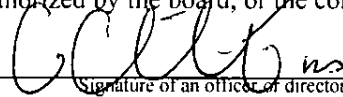
Alicia Chilito  
10220 SW 121 ST  
MIAMI FL 33176

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

BUSINESS SERVICES & SUPPORT NETWORK, Corp  
7758 NW 44 ST  
P.O. Box NOT acceptable  
SUNRISE FL 33351

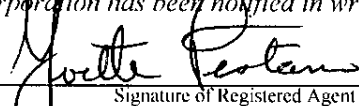
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Alicia Chilito Pres  
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

3/11/2011  
Date

If signing on behalf of an entity:

Yvette Pessano  
Typed or Printed Name

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

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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