

PO 7000090337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

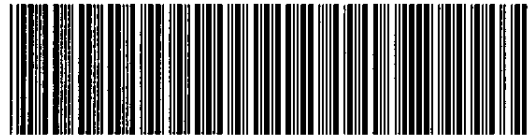
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600214246396

11/17/11--01004--002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 17 PM 4:00

R.A. Chg.
C.COULLETTE
NOV 17 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Healthcare Interventions, Inc.
Name of Corporation

DOCUMENT NUMBER: P 07000090337

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:

Jesus Adaniel
Name of Contact Person

Healthcare Interventions, Inc.
Firm/Company

14000 Military Trail #206A
Address

Delray Beach, FL 33484
City/State and Zip Code

jadaniel@brightstarcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Adaniel at (561) 706-9190
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: Healthcare Interventions, Inc.
2. The principal office address: 14000 Military Trail #206A
Delray Beach, FL 33484
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/10/2007 Document number: P07000090337

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)

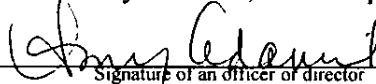
Jesus Adaniel
9709 Cobblestone Creek Dr.
Boynton Beach, FL 33472

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

Jesus Adaniel
14000 Military Trail #206A
P.O. Box NOT acceptable
Delray Beach, FL 33484

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

Amy Adaniel, VP, CFO
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

11/11/11
Date

If signing on behalf of an entity:

JESUS ADANIEL
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 17 PM 4:00