

P070000/28982

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** APOGEE HEALTH CARE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P07000128982

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:

NILO GALANG  
Name of Contact Person

APOGEE HEALTH CARE, INC.  
Firm/Company

P.O. BOX 7016  
Address

DELRAY BEACH, FL 33483  
City/State and Zip Code

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

For further information concerning this matter, please call:

NILO GALANG at ( 561 ) 5726759  
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: APOGEE HEALTH CARE, INC.
2. The principal office address: 100 E. LINTON BLVD. SUITE 112 B DELRAY BEACH FL 33483 US
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/05/2007 Document number: P07000128982

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)

NILO GALANG

100 E. LINTON BLVD. SUITE 112B

DELRAY BEACH FL 33483 US

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

NILO GALANG

7532 EAGLE POINT DRIVE

P.O. Box NOT acceptable

DELRAY BEACH, FLORIDA 33446

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

NILO GALANG  
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

06/04/2009  
Date

If signing on behalf of an entity:

NILO GALANG  
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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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