

P08000008712

(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
TALLAHASSEE, FLORIDA

R.A. Change

TB

1-27-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN BEST CLINIC, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000008712

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:

DOE RIVERA
(Name of Contact Person)

(Firm/Company)

4025 WEST WATER AVE
(Address)

TAMPA FLORIDA 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

DOE RIVERA at (813) 523-8333
(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: AMERICAN BEST CLINIC INC
2. The principal office address: 4025 WEST WATER AVE
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/24/2008 Document number: P08000008712
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)

FOSTER LOVETT

400 EAST MLK BLVD

TAMPA FLORIDA 33608

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

DOE RIVERA

4025 WEST WATER AVE

(P.O. Box NOT acceptable)

TAMPA FLORIDA 33614

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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.

(Signature of an officer or director)

(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)

1/15/09
(Date)

If signing on behalf of an entity:

Doa Rivera
(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)