

P08000087899

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TALLAHASSEE, FLORIDA

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R.A.

TB

OCT 19 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FACILMED CARE, INC.
Name of Corporation

DOCUMENT NUMBER: P08000087899

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:

Ramiro Ramos
Name of Contact Person

FacilMed Care, Inc.
Firm/Company

7125 Bonita Dr. Unit 205
7640 Carlyle Ave Unit 1
Address

Miami Beach, FL 33141
City/State and Zip Code

rramosmed@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramiro Ramos at (786) 521-9436
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: Facil Med Care, Inc.
2. The principal office address: ~~7510 Carlyle Ave. Unit 1~~ 7125 Bonita Dr. Unit 205
~~Miami Beach, FL 33141~~ Miami Beach, FL 33141
3. The mailing address (if different): Same 7125 Bonita Dr. Unit 205
4. Date of incorporation/qualification: 09/25/2008 Document number: P08000087899

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)

Resigned Marisol Uribe (resigned)
old address: 7510 Carlyle Ave Unit #1
Miami Beach, FL 33141

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

FacilMed Care, Inc. Ramiro Ramos
~~7510 Carlyle Ave. Unit 1~~ 7125 Bonita Dr. #205
~~Miami Beach, FL 33141~~ Miami Beach, FL 33141

P.O. Box NOT acceptable

NEW ADDRESS


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

Ramiro Ramos VP
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

10/10/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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