

P08000105132

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. Roberts OCT. 07 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** My Visiting Doctors, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000105132

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:

Joan M. Kosanovich  
Name of Contact Person

Auro S Management, LLC  
Firm/Company

15215 Cortez Boulevard  
Address

Brooksville, Florida 34613  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joan M. Kosanovich at ( 352 ) 799-0046  
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: My Visiting Doctors, Inc  
2. The principal office address: 12336 Southbridge Terrace, Hudson, Florida 34669

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/1/2008 Document number: P08000105132

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 S. Lovett  
400 East Martin Luther King, Jr. Boulevard  
Tampa, Florida 33603

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

Auro S Management, LLC  
15215 Cortez Boulevard  
P.O. Box NOT acceptable  
Brooksville, Florida 34613

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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

Dan B. Polen, 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

Date

If signing on behalf of an entity:

Dan B. Polen, CFO

Typed or Printed Name

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