

PO9000018048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

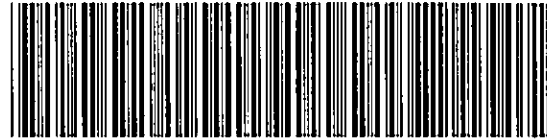
(Business Entity Name)

(Document Number)

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MAR 12 2019  
I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Carib medical and wellness center Inc.  
Name of Corporation

DOCUMENT NUMBER: P09000018048

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:

Jean Russell

Name of Contact Person

As Above

Firm/Company

38 NE 20Th Avenue

Address

pompano Bch. FL 33060

City/State and Zip Code

caribmedical28@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Russell

Name of Contact Person

at ( 561 ) 502-8486

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2019

JEAN RUSSELL  
38 NE 20 AVE  
POMPANO BEACH, FL 33060

SUBJECT: CARIB MEDICAL AND WELLNESS CENTER INC.  
Ref. Number: P09000018048

We have received your document for CARIB MEDICAL AND WELLNESS CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 219A00004647

RECEIVED

2019 MAR 12 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Please See Correction -  
Submitted.*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2019

JEAN RUSSELL  
38 NE 20 AVE  
POMPANO BEACH, FL 33060

SUBJECT: CARIB MEDICAL AND WELLNESS CENTER INC.  
Ref. Number: P09000018048

We have received your document for CARIB MEDICAL AND WELLNESS CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of incorporation is incorrect and you failed to list the current registered agent information as we have no record of a resignation. Please list the current registered agent and the new registered agent information in the spaces provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 519A00004177

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Carib medical and wellness center Inc.  
2. The principal office address: 38 NE 20Th. Avenue Pompano Beach. FI 33060

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

4. Date of incorporation/qualification: 02/26/2009 Document number: P09000018048

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)

126 N. Flagler Avenue pompano Beach FI. 33060

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

38 NE. 20Th. Avenue Pompano Beach FI. 33060

P.O. Box NOT acceptable

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 officer or director

Jean Russell

\_\_\_\_\_  
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

03/11/2019

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Jean Russell

\_\_\_\_\_  
Typed or Printed Name

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