

PO9000031221

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T Roberts SEP 29 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Institute for Emergency Medical Specialities, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000031221

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:

Leigh-Ann Vinciguerra  
Name of Contact Person

Institute for Emergency Medical Specialities, Inc.  
Firm/Company

12313 Equine Lane  
Address

Wellington, FL 33414  
City/State and Zip Code

iems911@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leigh-Ann Vinciguerra at ( 561 ) 319-0512  
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: Institute for Emergency Medical Specialities, Inc.

2. The principal office address: 12313 Equine Lane, Wellington, FL 33414

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

4. Date of incorporation/qualification: 04/06/2009 Document number: P09000031221

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)

Leigh-Ann Vinciguerra

4613 North University Drive, Suite 545

Coral Springs, FL 33067

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

Leigh-Ann Vinciguerra

12313 Equine Lane

P.O. Box NOT acceptable

Wellington, FL 33414

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.

Leigh-Ann Vinciguerra  
Signature of an officer or director

Leigh-Ann Vinciguerra  
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.

Leigh-Ann Vinciguerra  
Signature of Registered Agent

9/24/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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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