

P09000032461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

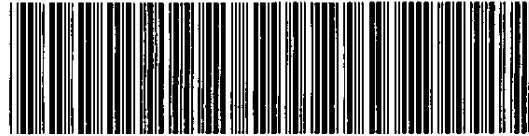
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 31 A 8:44

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Recharge
Lewis
2-1-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medex Vietnam, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000032461

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:

Christopher Pham
Name of Contact Person

Integrated Healthcare Solutions
Firm/Company

868 106th Avenue North
Address

Naples, FL 34108
City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher Pham at (239) 325-9278
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2011

CHRISTOPHER PHAM
INTEGRATED HEALTHCARE SOLUTIONS
868 106TH AVENUE NORTH
NAPLES, FL 34108

SUBJECT: MEDEX VIETNAM, INC.
Ref. Number: P09000032461

We have received your document for MEDEX VIETNAM, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above entity is a Florida corporation the document submitted are for an Alien Business Organization. The correct form is enclosed, please complete and return to this office.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 411A00001663

RECEIVED
11 JAN 31 AM 9:22
DIV. OF STATE
TALLAHASSEE, FLORIDA

**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: Medex Vietnam, Inc.
2. The principal office address: 868 106th Ave N, Naples, FL 34108

3. The mailing address (if different): same

4. Date of incorporation/qualification: 4/9/2009 Document number: PO9000032461

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)

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

Integrated Healthcare Solutions, Inc.
868 106th Ave N
Naples, FL 34108

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.

Christopher M. Pham
Signature of an officer or director

CHRISTOPHER PHAM / Pres
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.

Christopher M. Pham
Signature of Registered Agent

1-25-2011
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
CR2E045 (8/05)