

P090000034191

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Change

12/14/09--01043--001 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 14 AM 11:31

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ASR  
12/15/09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: EXPERT HEALTH CARE SERVICES, INC  
Name of Corporation

DOCUMENT NUMBER: PO9000034191

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:

PATRICIA WOOLCOCK  
Name of Contact Person

EXPERT HEALTH CARE SERVICES, INC  
Firm/Company

7481 W OAKLAND PARK BOULEVARD #306  
Address

LAUDERHILL, FLORIDA 33319  
City/State and Zip Code

patricia.woolcock@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA WOOLCOCK at ( 954 ) 592-3911  
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: EXPERT HEALTH CARE SERVICES, INC.
2. The principal office address: 7481 W OAKLAND PARK BOULEVARD #306  
HAUDERHILL, FLORIDA 33319
3. The mailing address (if different): AS ABOVE
4. Date of incorporation/qualification: 4/15/2009 Document number: P09000034191
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)

LAURA RAHMING  
4692 NW 86 LANE  
CORAL SPRINGS FL 33067

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

PATRICIA WOOLCOCK  
7481 W OAKLAND PARK BOULEVARD  
HAUDERHILL, FLORIDA 33319

P.O. Box NOT acceptable

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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]  
Signature of an officer or director

PATRICIA WOOLCOCK DP  
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]  
Signature of Registered Agent

12/8/2009  
Date

If signing on behalf of an entity:

EXPERT HEALTH CARE SERVICES, INC  
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