

P09000040314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ : Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000162064270

10/26/09--01014--024 \*\*35.00

FILED  
09 OCT 26 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PAChange*

**P. CORRELL** OCT 27 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medicential, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P09000040314

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:

Kevin Frankel  
Name of Contact Person

Medicential  
Firm/Company

2202 N. Westshore Blvd., Suite 200  
Address

Tampa, FL 33607  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin Frankel at ( 813 ) 468-7150  
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: Medicential, Inc.
2. The principal office address: 2202 N. Westshore Blvd., Suite 200  
Tampa, FL 33607
3. The mailing address (if different): 2202 N. Westshore Blvd., Suite 200  
Tampa, FL 33607
4. Date of incorporation/qualification: 5/6/09 Document number: P09000040314
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)

Kevin Frankel

764 Caliente Drive

Brandon, FL 33511

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

Kevin Frankel

2202 N. Westshore Blvd., Suite 200

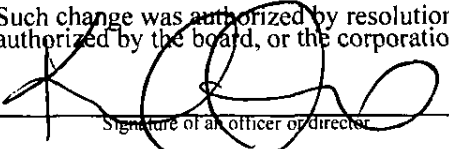
P.O. Box NOT acceptable

Tampa, FL 33607

**FILED**  
09 OCT 26 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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

Kevin Frankel - CEO

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

10/21/09  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Kevin Frankel  
\_\_\_\_\_  
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