

PO9000073617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

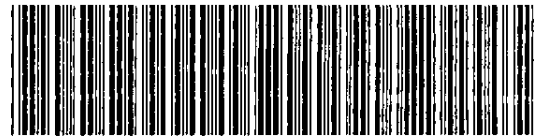
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENERGIZE MEDICAL CENTER CORP
Name of Corporation

DOCUMENT NUMBER: P09000073617

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:

FRANK ALONSO

Name of Contact Person

ENERGIZE MEDICAL CENTER CORP

Firm/Company

175 FOUNTAINEBLEAU BLVD, SUITE 2G1

Address

MIAMI, FL 33172

City/State and Zip Code

FRANKABEL16@YAHOO.COM

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

For further information concerning this matter, please call:

FRANK ALONSO

Name of Contact Person

at (305)

559 8781

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: ENERGIZE MEDICAL CENTER CORP
2. The principal office address: 175 FOUNTAINEBLEAU BLVD, SUITE 2G1
MIAMI, FL 33172
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 09/01/2009 Document number: P09000073617
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)

FRANK ALONSO (RESIGNED)

175 Fountainebleau Blvd, Suite 261
Miami FL 33172

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

Franco, Octavio
175 Fountainebleau Blvd
P.O. Box NOT acceptable
Suite 261 Miami FL 33172

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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.

X [Signature]
Signature of an officer or director

Octavio Franco
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

X 3/3/2011
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