

P10000002966

(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



200263821172

08/29/14--01009--008 **35.00

SEP 8 2014
DIVISION OF CORPORATIONS
14 AUG 29 PM 3:14

C. LEWIS

SEP 8 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Disposables Corp
Name of Corporation

DOCUMENT NUMBER: P10000002966

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:

Jennifer Munoz

Name of Contact Person

4855 Distribution Ct

Firm/Company

Suite 11

Address

Orlando, FL 32822

City/State and Zip Code

sales@medicaldisposables.us

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

For further information concerning this matter, please call:

Ralph Hernandez

Name of Contact Person

at 407 574-6266

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: Medical Disposables Corp
2. The principal office address: 4855 Distribution Ct Suite 11, Orlando FL 32822
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/11/2010 Document number: P10000002966
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)

Evelyn Otero

4855 Distribution Ct Suite 11

Orlando, FL 32822

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

Jennifer Munoz

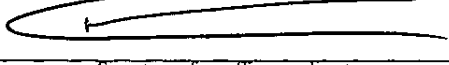
4855 Distribution Ct Suite 11

P.O. Box NOT acceptable

Orlando, FL 32822

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

Ralph Hernandez - 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

8/27/2014

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

14 AUG 29 PM 3:14
DIVISION OF CORPORATIONS