

P10000062733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

FEB 28 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Call Medical Centers, Inc.
Name of Corporation

DOCUMENT NUMBER: P100000 62733

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:

Allison Sommers, Inc.
Name of Contact Person

The Salines Group, Inc.
Firm/Company

17520 SW 73 Ct.
Address

Palmetto Bay, FL 33157.
City/State and Zip Code

drsa.sommers@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Sommers at 305, 510-3285
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: First Call Medical Centers, Inc.
2. The principal office address: 6415 LAKE WORTH ROAD.
Green acres, FL 33463
3. The mailing address (if different): 17520 SW 73 COURT.
Palmetto Bay, FL 33157
4. Date of incorporation/qualification: 7-23-10 Document number: P10000062733
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)

First Call Physician Services, Inc
20010 SW 123 Drive
MIAMI, FL 33177

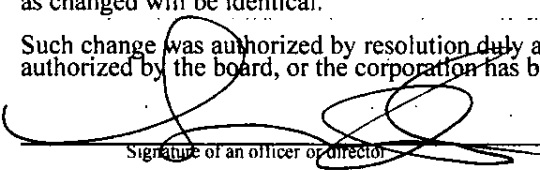
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

The Salines Group, Inc
17520 SW 73 COURT
P.O. Box NOT acceptable
Palmetto Bay, FL 33157

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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 of an officer or director

Allison Sommers
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

2/23/12
Date

If signing on behalf of an entity:

A. Sommers
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