P110000054323

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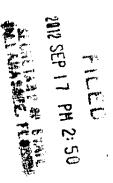
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SEP 17 2012 T. ROBERTS

COVER LETTER

TO: Ame Divi	endment Section sion of Corporations	
;	SKCMD, Inc.	
	·	orporation
	P11000054323	or por attorn
DOCUMEN		
The enclosed	Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter	r to the following:
•	Name of Cor	ntact Person
	SKCMD, Inc.	
,	Firm/Co	mpany
	13780 SW 26th Street, Suite 2	06
	Addr	ess
	Miaml, FL 33175	
	City/State an	d Zin Code
	mhawes@healthexcel.org	a zip codo
	•	
	E-mail address: (to be used for fu	iture annual report notification)
	formation concerning this matter, please c	
Michael Ha		786 231-6696
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a S	§35.00 check made payable to the Departr	nent of State.
	Mailing Address:	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	ne provisions of sections 607,0502, 61	organized under the laws of the State of Florida	
statement of ci	nange is suomittea for a corporation der to change its registered office or i	registered agent, or both, in the State of Florida.	
	SKCMD, Inc.		
1. The name of	f the corporation:	Street, Suite 206	
2. The principa Miami, Fi	al office address:		
	(eame)		_
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification:	1 P11000054323 Document number:	
	nd street address of the current registe artment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	CT Corporation System		
	1200 South Pine Island Roa	d	
	Plantation, FL 33324		
6. The name an (if changed):	•	l agent (if changed) and /or registered office	·,
	HealthExcel, Ltd.		7
	13780 SW 26th Street, Suite		•
	Miami, FL 33175	NOT acceptable	
The street addre	ess of its registered office and the st be identical.	reet address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an officer so n notified in writing of the change.	
Aco	eth bellen	Keith Collins, President	
•	ic of an officer of director	Printed or typed name and title	
hereby accept further agree t terformance of gent. Or, if thi ereby confirm	the appointment as registered agent to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notificated.	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.	
HealthExcel, Lt	∵d.	08/24/2012	
	nature of Registered Agent	Date	
signing on beli	half of an entity:		
Ceith Collins	Seith William		
Ty;	ped or Printed Name		

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