

P120000047420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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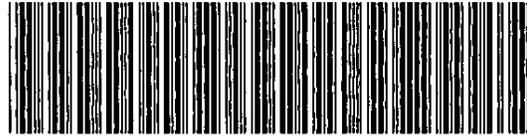
(Business Entity Name)

(Document Number)

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⑩ 5/3/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Galatas Medical Center, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P 12000047420

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:

Ramon Sierra  
Name of Contact Person

Galatas Medical Center, Inc  
Firm/Company

10012 SW 184 ST  
Address

Miami, FL 33157  
City/State and Zip Code

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

For further information concerning this matter, please call:

Evelyn Hernandez at (786) 339 8050  
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: Galatas Medical Center, Inc
- 2. The principal office address: 10912 SW 184 ST  
Miami, FL 33157
- 3. The mailing address (if different): Same
- 4. Date of incorporation/qualification: 5/22/12 Document number: P12000047420

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)

Ramon Sierra  
11408 Quail Post Dr  
Miami, FL 33157

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

Nelson M. Ramirez  
10912 SW 184 ST  
P.O. Box NOT acceptable  
MIAMI, 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]  
Signature of an officer or director

Ramon Sierra  
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

04/26/2013  
Date

If signing on behalf of an entity:

Tania Rodriguez  
Typed or Printed Name

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