

P 16000043039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Clerk of Court

C. GOLDEN

NOV 22 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mechanical Circulatory Support Institute Inc.
Name of Corporation

DOCUMENT NUMBER: P16000043039

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:

George Makdisi
Name of Contact Person

Mechanical circulatory support institute inc.
Firm/Company

3607 S. Lightner Dr.
Address

Tampa, FL 33629
City/State and Zip Code

mcs institute @ hot mail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Makdisi at (718) 986-1355
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2017

GEORGE MAKDISI
3607 S. LIGHTNER DRIVE
TAMPA, FL 33629

SUBJECT: MECHANICAL CIRCULATORY SUPPORT INSTITUTE INC.
Ref. Number: P16000043039

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 917A00020660

RECEIVED
17 NOV 20 PM 1:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2017

GEORGE MAKDISI
3607 S. LIGHTNER DRIVE
TAMPA, FL 33629

SUBJECT: MECHANICAL CIRCULATORY SUPPORT INSTITUTE INC.
Ref. Number: P16000043039

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 417A00017609

RECEIVED
OCT 10 PM 2:31
ARTICLE 13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
OCT 10 PM 2:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Mechanical Circulatory Support institute inc
2. The principal office address: 3607 S. Lightner Dr
Tampa, FL 33629
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/12/2016 Document number: P16000042039

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)

Legahinc Corporate Services Inc.
5237 Summerlin Commons Suite 400
Fort Myers, FL 33907

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

George Makedisi
3607 S. Lightner Dr
P.O. Box NOT acceptable
Tampa, FL 33629

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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

George Makedisi 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]
Signature of Registered Agent

11/9/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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