

P17000050365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 APR 27 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

APR 30 2018

**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: ST JOSEPH MEDICAL EQUIPMENT CORPORATION
2. The principal office address: 10545 BURBANK BLVD SUITE 128  
NORTH HOLLYWOOD, CA 91601
3. The mailing address (if different): 20944 SHERMAN WAY SUITE 115  
CANOGA PARK, CA 91303
4. Date of incorporation/qualification: 06/07/2017 Document number: P17000050365
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)

HOWARD N. FRANK

10545 BURBANK BLVD SUITE 128

NORTH HOLLYWOOD, CA 91601

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

WILLIAM JOSEPH IACOVONE

476 BALSAM CT

P.O. Box NOT acceptable

MARCO ISLAND, FL 34145-0000

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.

Howard Frank  
Signature of an officer or director

Howard Frank  
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.*

William Joseph Iacovone  
Signature of Registered Agent

3-31-2018  
Date

If signing on behalf of an entity:

William Iacovone  
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

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