

P17000070536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

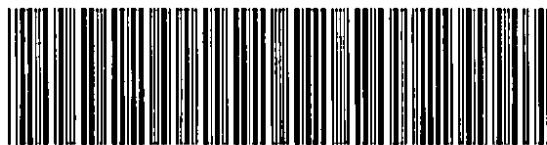
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN - 5 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: First Med-Care, P.A.  
Name of Corporation

DOCUMENT NUMBER: P17000070536

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:

David K. Poces

Name of Contact Person

First Med-Care, P.A.

Firm/Company

12139 S. Apopka Vineland Rd.

Address

Orlando, FL 32836

City/State and Zip Code

bioread.michele@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David K. Poces

Name of Contact Person

at ( 561 ) 302-6820

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: First Med-Care, P.A.  
2. The principal office address: 12139 S. Apopka Vineland Rd., Orlando, FL 32836

3. The mailing address (if different): PO Box 1088, Boca Raton, FL 33429

4. Date of incorporation/qualification: 8/22/17 Document number: P17000070536

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)

David Poces  
575 NW Browning Way  
Boca Raton, FL 33432

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

David Poces  
12139 S. Apopka Vineland Rd  
Orlando, FL 32836

P.O. Box NOT acceptable

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.

David Poces  
Signature of an officer or director

David Poces, Pres.  
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.*

David Poces  
Signature of Registered Agent

5/30/18

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (03/12)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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