## 15009037682

## LUVECK MEDICAL CORP. ROSEN AND COMPANY

CERTIFIED PUBLIC ACCOUNTANTS, P.A. 25 SOUTHEAST 2ND AVENUE, SUITE 220 MIAMI, FLORIDA 33131

500003028205--2 -10/28/99--01067--011 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)	99 OCT SECRET
(Corporation Name)	(Document #)	THE ARY ASSE
(Corporation Name)	(Document #)	AM 10: 43 OF STATE E. PLORIDA
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _		Certified Copy
Mail out Will wait	Photocopy	☐ Certificate of Status
EW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit	Amendment Resignation of R	A. Officer/Director
Limited Liability	Change of Registered Agent	
Domestication .	Dissolution/Withdrawal	
Other	☐ Merger	-
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnersh ☐ Reinstatement ☐ Trademark	hip RAIRO
		chanse
	Other	S. PAYNE NOV 9 - 1999
		Examiner's Initials

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

undersigned co	we provisions of sections $607.0502$ , $617.0502$ , $607.1508$ , or corporation organized under the laws of the State of <u>FLORI</u> llowing statement in order to change its registered office or	
State of Florid		. egister our ageru, or bour, in the
1. The name of	f the corporation is: LUVECK MEDICAL CORP.	
2. The mailing	address of the corporation is: 7170 NW 50TH STREET	*** *** *** *** *** *** *** *** *** **
<del></del>	MIAMI, FL 33166	
3. Date of inco	orporation/qualification: MAY 11, 1995 Document	t number: P95000037682
4. The name ar	nd address of the current registered agent and office:	<del></del>
	LESLIE ALAN ROZENCWAIG, P.A.	99 C
	ONE SE 3RD AVENUE, SUITE #960	超马一
	MIAMI, FL 33131	99 OCT 28 AM IO: SECRETARY OF ST TALLAHASSEE, FLI Not Acceptable)
5. The name an	nd address of the new registered agent and office: (P. O. Box	Not Acceptable)
	BORIS ROSEN, C.P.A.	LOR STAI Di 4:
	25 SE 2ND AVENUE, SUITE #220	Şπi ω
	MIAMI, FL 33131	
The street addragent, as chang	ress of its registered office and the street address of the buged, will be identical.	usiness office of its registered
Such change wathorized by	vas authorized by resolution duly adopted by its board of the board.	directors or by an officer so
(Si	Lece	Oct 18/99
O .	e of an officer, chairman or vice chairman of the board)	(Date)
KICAR	edo Giron Vallecillo - Tresident	<b>_</b>
	(Printed or typed name and title)	
Taving been no corporation, I i further agree performance of registered agen	amed as registered agent and to accept service of process hereby accept the appointment as registered agent and a to comply with the provisions of all statutes relative to the fine duties, and I am familiar with and accept the obligation.	s for the above stated gree to act in this capacity. he proper and complete tion of my position as
Rie	Talan 1	Ds/99
(2	Signature of Registered Agent)	(Date)
f signing on beha	alf of an entity:	

CR2E045(7/97)