

P95000046475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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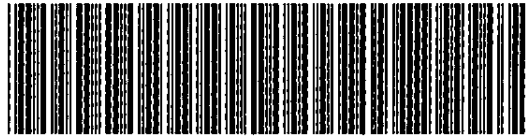
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Electrostim Medical Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P95000046475

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:

Yorlan Alfonso
Name of Contact Person

Electrostim Medical Services, Inc.
Firm/Company

3504 Cragmont Dr. Suite #100
Address

Tampa, FL 33619
City/State and Zip Code

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

For further information concerning this matter, please call:

Yorlan Alfonso at (813) 471-1035
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Electrostim Medical Services, Inc.
2. The principal office address: 3504 Cragmont Dr. Suite #100
Tampa, FL 33619
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 1995 Document number: P95000046475
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)

Mario Garcia Jr.

628 BALIBAY RD

APOLLO BEACH FL 33572

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

Mario Garcia Jr.

3504 Cragmont Dr. Suite #100

P.O. Box NOT acceptable

Tampa, FL 33619

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 of an officer or director

Mario Garcia Jr. President/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 of Registered Agent

Date

9/12/11

If signing on behalf of an entity:

Mario Garcia Jr.

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 (8/05)