

P95000077587

Healthcare Dimension Inc.
4880 Stack Blvd. Suite E2
Melbourne, FL 32901

(City/State/Zip/Phone #)

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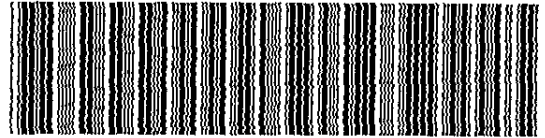
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: AMENDMENT SECTION
DIVISION OF CORPORATIONS

SUBJECT: HealthCare Dimension, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P95000077587

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:

F. Velina William
(Name of person)

HealthCare Dimension, Inc.
(Name of firm/company)

4880 Stack Blvd., Suite E-2
(Address)

Melbourne, FL 32901
(City/State/Zip)

For further information, please call:

<u>F. Velina William</u>	<u>(321) 984-5100</u>
(Name of person)	Area Code & Daytime number

Enclosed is a check for \$35.00 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
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, 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: HealthCare Dimension, Inc.

2. The principal office address: 4880 Stack Blvd., Suite E-2
Melbourne, FL 32901

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/10/95 Document #: P9500077587

5. The name and street address of the current registered agent and registered office with the Florida Department of State:
Victor S. Kastro, Esq. Reinman & Wattwood, PA
1825 S. Riverview Dr. Melbourne, FL 32901

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

F. Velina William
1606 Country Cove Circle Malabar, FL 32950

The street address of its registered office and street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution 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.

F. Velina William
(Signature of officer, director, or v. chairman)

F. Velina William
(Print name)

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 obligations of my position as registered agent. Or, if this document 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.

F. Velina William
(Signature of registered agent)

F. Velina William
(Print name)

If signing on behalf of an entity:

(type or print name)

(Capacity)

FILING FEE \$35.00

Make check payable to Florida Department of State

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