## P96000044594

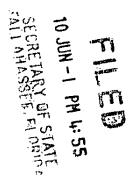
(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	#)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
<b>/</b>						

Office Use Only



800181464908

06/01/10--01009--008 \*\*35.00



PA Change

DC

JUN 0 3 2010

## **COVER LETTER**

TO: Amendment Division o	nt Section f Corporations					
SUBJECT: Medcare International, Inc.  Name of Corporation						
DOCUMENT NU	MBER: P960	00044594				
The enclosed State	ment of Change of Registered Office	'Agent and fee are subn	nitted for filing.			
Please return all co	rrespondence concerning this matter	to the following:				
	Kathleen Name of Con	Rohrer				
	Name of Con	lact Person				
Medcare International, Inc.						
	Firm/Cor	npany				
12480 West Atlantic Boulevard, Suite 2						
	Addre	ess				
	Coral Springs City/State and	, FL 33071	· Andrews and the second secon			
	City/State and	1 Zip Code				
_	Kathleen.Rohrer@medc					
	E-mail address: (to be used for fu	ture annuai report not	inication)			
For further informa	ation concerning this matter, please ca	11: .				
	Kathleen Rohrer	at ( 954 )	345-5650			
Nar	ne of Contact Person	Area Code & Day	time Telephone Number			
Enclosed is a \$35.0	00 check made payable to the Departn	nent of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ive Center Circle			

TO:

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

statement of cha	nge is submitted for a co	orporation organized	07.1508, or 617.1508, Flor l under the laws of the State	of Florida			
	•		l agent, or both, in the State	of Florida.			
1. The name of the corporation: Medcare International, Inc.							
2. The principal	2. The principal office address: 12480 West Atlantic Blvd., Suite 2, Coral Springs, FL 33071						
3. The mailing a	ddress (if different): Sa	ame					
4. Date of incorp	poration/qualification: _	May 1, 1996	Document number:	P96000044594			
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)							
	Chapman, John						
	12480 West Atlant	tic Blvd., Suite 2		10 SE			
	Coral Springs, FL	33071					
6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed):							
	Kathleen Rohrer	,-		d officer of STA			
	12480 West Atlantic Blvd., Suite 2						
	Coral Springs El	P.O. Box NOT acc	eptable				
	Coral Springs, FL						
The street address changed will	ess of its registered office be identical.	ce and the street add	lress of the business office	of its registered agent,			
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.							
Kathleen Rohrer, President  Signature of an officer or director  Printed or typed name and title							
I further agree to	to comply with the prov d I am familiar with an	risions of all statutes ad accept the obligat	gree to act in this capacity relative to the proper and tion of my position as regi gistered office address, I	i complete perjormance stered agent Or if this			
May 28, 2010 Signature of Registered Agent Date							
_	half of an entity:						
T	yped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*