P96000062920

Me 29	t Well Pharmacy & edical Services, Inc. 062 NW 60th Street auderdale, FL 33309	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUM	BER(S), (if known):
1. <u> </u>	rporation Name) (Doc	cument #)
2	rporation Name) (Doc	cument #)
3.		,
(Co.	rporation Name) (Doc	cument #)
4(Cō	rporation Name) (Do	cument #)

Walk in	Pick up time	Certified Copy
Mail out	☐ Will wait ☐ Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS AMENDMENTS	
1		100002884781 -05/24/3901159017
Profit	Amendment	
Profit NonProfit	Resignation of R.A., Officer/ Direct	******35,00 *****35.00
<u> </u>		******35,00 *****35.U
NonProfit	Resignation of R.A., Officer/ Direct	******35,08 ******35.U
NonProfit Limited Liability	Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal	*****35,00 ******35.U
NonProfit Limited Liability Domestication Other	Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal	******35,00 ******35.U
NonProfit Limited Liability Domestication	Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal	******35,00 ******35.U
NonProfit Limited Liability Domestication Other	Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal	******35,00 ******35.U
NonProfit Limited Liability Domestication Other OTHER FILINGS	Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ Foreign	******35,00 ******35.00 ******35,00 ******35.00 99 MAY 24 PM 1 99 MAY 24 PM
NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal	******35,00 ******35.U

Examiner's Initials

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, the
undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in the
1. The name of the corporation is: Get Well Pharmacy & Medica / Services, Inc.
1. The name of the corporation is: Get VOETT & Nationary Theorem Services, Services,
The state of the s
2. The mailing address of the corporation is: 2960 NW 60th 5theet
Ft Lauderdale, Fl , 33309
3. Date of incorporation/qualification: 7/25/56 Document number: P9600062920
4. The name and address of the current registered agent and office:
Josqueline L. Willou, Ly
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Physical F2 33324
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Koy W. Houghby
2762 NW GOTH Street
Fl. Landerdale, Fl 33305
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated
corporation, 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 gregistered agent.
1/21M0
(Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
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* * * FILING FEE: \$35.00 * * *