

P97000004556

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
PERSONAL CARE MEDICAL CENTER, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$97.50

43.75

RECEIVED

2010 AUG 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Personal Care Medical Center, Inc
Name of Corporation

DOCUMENT NUMBER: _____

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:

Miguel Mato
Name of Contact Person

Personal Care Medical Center, Inc
Firm/Company

2050 NE 163 Street
Address

North Miami Beach, FL 33162
City/State and Zip Code

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

For further information concerning this matter, please call:

Miguel Mato at (786) 346-3592
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

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CR2ED45 (8/05)

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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: Personal Care Medical Center, Inc
2. The principal office address: 2050 NE 163 Street
North Miami Beach, FL 33162
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/15/1997 Document number: P97000004556

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)

Isabel Bugin
2050 NE 163 Street
North Miami Beach, FL 33162

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TALLAHASSEE, FLORIDA

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

Miguel Mato
2050 NE 163 Street
North Miami Beach, FL 33162

P.O. Box NOT acceptable


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

Isabel Bugin, President
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

01/26/2010
Date

If signing on behalf of an entity:

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)

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