

P98000090594

ARNALDO VÉLEZ, P.A.
35 ALMERIA AVENUE
CORAL GABLES, FL 33134

City/State/Zip Phone #

600003355876--2
-08/14/00--01121--009
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
AUG 14 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEWIS AUG 22 2000

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 _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Excellence Medical Lab, Inc.

1b. The mailing address of the corporation is: 8232 NW 103 Street,
Gardens
Hialeah, Florida 33016

1c. Date of incorporation: 10-23-98 Document number: P98000090594

2. The name and address of the current registered agent and office:

Lelia Riesgo

8232 N.W. 103 Street

Hialeah Gardens, FL 33016

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Carmen S. Morales

8232 N.W. 103 Street

Hialeah Gardens, FL 33016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

X Carmen S. Morales
(Signature of an officer, chairman or
vice chairman of the board)

8-9-2000

(Date)

Carmen S. Morales

(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 registered agent.

X Carmen S. Morales
(Signature of Registered Agent)

8-9-2000

(Date)

Carmen S. Morales