P990003674

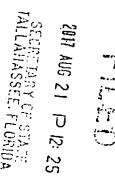
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entry Hame) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Amendment Section **Division of Corporations** EMP Medical Services, Inc. Name of Corporation 99000003674 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: Osvaldo de la Pedraja Jr. Name of Contact Person EMP Medical Services, Inc. Firm/Company 2850 Douglas Road, 3rd Floor Coral Gables, FL 33134 City/State and Zip Code ovi@empmed.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Osvaldo de la Pedraja Jr. Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CRZE045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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

| _ | ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this re is submitted for a corporation organized under the laws of the State of Florida |
|--|---|
| in order to | o change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the | corporation: EMP Medical Services, Inc. |
| 2. The principal of | fice address: 2850 Douglas Road, 3rd Floor, Coral Gables, FL 33134 |
| 3. The mailing add | ress (if different): |
| 4. Date of incorpor | ration/qualification: 01/13/1999 Document number: P9900003674 |
| 5. The name and st | reet address of the current registered agent and registered office on file with the tent of State: (If resigned, enter resigned) |
| <u>H</u> | lugo Alvarez |
| <u>1</u> | 750 Coral Way, 2nd Floor |
| <u>M</u> | 1iami, FL 33134 |
| 6. The name and st (if changed): | reet address of the new registered agent (if changed) and /or registered office |
| <u>H</u> | ugo Alvarez, Becker and Poliakoff |
| 1: | 21 Alhambra Plaze, 10th Floor |
| _ | P.O. Box NOT acceptable |
| <u>C</u> | oral Gables, FL 33134 |
| The street address as changed will be | of its registered office and the street address of the business office of its registered agent, identical. |
| Such change was a authorized by the b | nithorized by resolution duly adopted by its board of directors or by an officer so ocard, or the corporation has been notified in writing of the change |
| | avaldo dieta redrata on |
| I hamby assent the | appointment as registered agent and agree to act in this capacity: comply with the provisions of all statutes relative to the proper and complete duties, and I am familiar with and accept the obligation of my position as registered locument is being filed merely to reflect a change in the registered office address, I the corporation has been notified in writing of this change. |
| Nemeter | re of Registered Agent |
| If signing on behalf | |
| | or Printed Name |
| V | * * * 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 (03/12)