

P99000011446

COUNTY LINE MEDICAL CENTER, INC.  
4065 S.W. 40TH AVE  
PEMBROKE PARK, FL. 33023  
(954) 893-5900

000002978950--0  
-09/07/99--01003--014  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

City/State/Zip

Phone #

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 #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 9, 1999

COUNTY LINE MEDICAL CENTER INC  
4065 SW 40TH AVE  
PEMBROKE PARK, FL 33023

SUBJECT: COUNTY LINE MEDICAL CENTER, INC.  
Ref. Number: P99000011446

We have received your document for COUNTY LINE MEDICAL CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut  
Corporate Specialist

Letter Number: 599A00044658

RECEIVED  
99 SEP 20 AM 10:12  
DIVISION OF CORPORATIONS

## 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 State of Florida.*

1. The name of the corporation is: County Line Medical Center, Inc.
2. The mailing address of the corporation is: 4065 SW 40 Ave  
Pembroke Park, FL 33023
3. Date of incorporation/qualification: Feb. 2, 1999 Document number: F99000011446
4. The name and address of the current registered agent and office:

~~Varian Scott~~

4065 SW 40th Ave

Рем Вроке Рнсе

14 Nov 52

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

~~Ted Bukowski~~

~~7500 Southwest 172 street~~

~~Miami, fl 33157~~

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 \_\_\_\_\_

Theodore A Bukowski

(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.*

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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