

P99000052498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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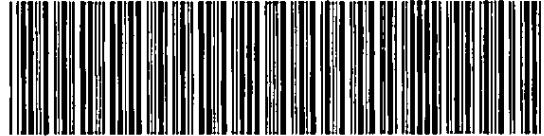
(Business Entity Name)

(Document Number)

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MAR 14 2018
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18 MAR 13 PM 3:49
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KENDALL MEDICAL CENTER INC
Name of Corporation

DOCUMENT NUMBER: P990000 52498

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:

MARIBEL SCHWANINGER
Name of Contact Person

KENDALL Medical Center INC
Firm/Company

11120 W KENDALL DR Suite 100
Address

MIAMI FL 33176
City/State and Zip Code

KENMEDCENTER09@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIBEL SCHWANINGER at (305) 279-0808
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

**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: KENDALL MEDICAL CENTER INC
2. The principal office address: 1120 N KENDALL DR
SUITE 100 MIAMI FL 33176
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/10/99 Document number: P99000052498

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)

ROBERT RACHLIN - Resigned
1120 N KENDALL DR SUITE 201
MIAMI FL 33176

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

MARIBEL SCHWANINGER
1120 N. KENDALL DR SUITE 100
MIAMI FL 33176
P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS

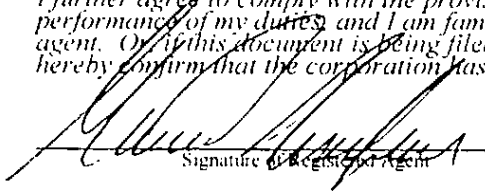
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

MARIBEL SCHWANINGER
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

3/7/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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