

P 99000081843

2 Packard ST  
San Francisco, CA 94116-1435



800055963198

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06/13/05--01013--016 \*\*35.00

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 15, 2005

INPATIENT CARE, INC.  
MICHAEL J. MARTIN  
2 PACHECO STREET  
SAN FRANCISCO, CA 94116-1435

SUBJECT: INPATIENT CARE, INC.  
Ref. Number: P99000081843

RECEIVED  
05 JUN 24 AM 8:00  
DIVISION OF CORPORATIONS

We have received your document for INPATIENT CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

THE ADDRESS OF THE REGISTERED AGENT MUST BE A STREET ADDRESS IN THE STATE OF FLORIDA.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6880.

Karen Gibson  
Document Specialist

Letter Number: 705A00041478

*Phone Number during work hours  
Michael J Martin  
(305) 479-6510*

*I have changed the form so that the registered agent  
has a Florida address.*

*Michael J Martin  
6/19/05*

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: IMPATIENT CARE, INC.
- 2. The principal office address: 1987 NW 88TH Court, SUITE 101  
~~MIAMI~~ Doral, FL 33172
- 3. The mailing address (if different): 2 Pacheco St.  
SAN FRANCISCO, CA 94116-1435
- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: \_\_\_\_\_

None. Registered Agent Resigned. Was:  
Alex TIRADO  
1987 NW 88TH Ct, SUITE 201  
MIAMI, FL 33172

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Michael J MARTIN  
1987 NW 88TH Ct, SUITE 101  
(P.O. Box NOT acceptable)  
MIAMI, FL 33172

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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.

Michael J Martin  
(Signature of an officer or director)

Michael J MARTIN  
(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.

Michael J Martin  
(Signature of Registered Agent)

5/27/05  
(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