

P99000101127

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EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MedCare Services of Orlando, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P99000101127

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:

Robert E Norsen, Jr.  
Name of Contact Person

MedCare Services of Orlando, Inc.  
Firm/Company

794 Big Tree Drive, Suite 104  
Address

Longwood, Fl. 32750  
City/State and Zip Code

krmedcare@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E Norsen, Jr. at ( 407 ) 831-8833  
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



# MedCare Services of Orlando, Inc.

794 Big Tree Drive #104 ~ Longwood, FL 32750  
Phone (800) 453-8551 ~ Fax (800) 351-9309  
medcareservinc@aol.com

To:	Department of State	From:	Katie Reeley
Fax:		Pages:	3, Including Cover Sheet
Facility		Date:	7/20/11
		CC:	

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**Comments:**

Attached is HIPPA confidential information intended for the above listed recipient. If you receive this fax in error please notify us at (800) 453-8551 and shred the attached information. If you are not the intended recipient, you are hereby notified that disclosure, copying, distribution or taking of any action in reliance on the contents of this facsimile is not permissible under federal law.

To Whom it May Concern,

Attached is a change of address for our corporate entity and registered agent. We had a suite change from suite 108, to suite 104. If this is not the correct form to change our address, please notify us at [krmedcare@aol.com](mailto:krmedcare@aol.com) or 800-453-8551. Thank you and have a great day.

Thank you,  
Katie Reeley

Office Manager

**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: MedCare Services of Orlando, Inc.
2. The principal office address: 794 Big Tree Drive, Suite 104, Longwood, FL 32750
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/18/1999 Document number: P99000101127
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 E Norsen, Jr., President  
794 Big Tree Drive, Suite 104  
Longwood, FL 32750

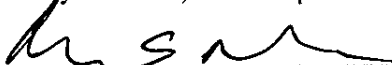
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

794 Big Tree Dr. Ste 104  
P.O. Box NOT acceptable  
Longwood, FL 32750

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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.

  
Signature of an officer or director

Robert E Norsen, Jr.  
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

Robert E Norsen, Jr.  
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  
CR2E045 (8/05)