

516379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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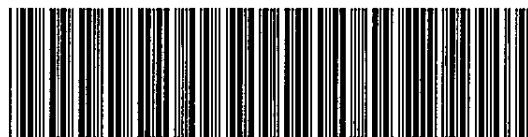
(Business Entity Name)

(Document Number)

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516379
RTH
8-9-04
OM



George E. Crimarco, P.A.
Attorney-At-Law

August 5, 2004

VIA CERTIFIED MAIL

Ms. Carol Mustain
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 32314
Tallahassee, FL 32314

Re: Document #S16379

Dear Ms. Mustain:

As per your request, enclosed please find a copy of the Statement of Change of Registered Office or Registered Agent and the check in the amount of \$35.00 which your office did not receive. Also enclosed are copies of the documents that were previously sent.

Thank you for your cooperation in this matter. If you have any questions, please feel free to contact us.

Very truly yours,

GEORGE E. CRIMARCO, P.A.

George E. Crimarco

Enclosures

Reply to:

☒ 269 Giralda Avenue, Suite 203
Coral Gables, Florida 33134
Phone: (305) 461-3077
Fax: (305) 461-4409
E-mail: crimarco@aol.com

☐ 7900 N.W. 33rd St. # 106A
Davie, FL 33024
Phone: (954) 392-5120

☐ 17140 Collins Ave. #101
Sunny Isles, FL 33160
Phone: (305) 947-2400

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 : BRANIER ORTHOPEDIC CARE CENTER, INC.

2. The mailing address of the corporation : 4231 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

3. Date of incorporation/qualification: _____ Document number: _____

4. The name and address of the current registered agent and registered office:

5. The name and address of the new registered agent (if changed) and /or registered office (if changed) (P.O. Box NOT Acceptable)

GEORGE E. CRIMARCO, ESQ.
269 GIRALDO AVE #203
CORAL GABLES FL 33134

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TALLAHASSEE, FLORIDA

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

Victor Powell

(Signature of an officer, chairman or vice chairman of the board)

5-2704

(Date)

VICTOR POWELL

(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]

(Signature of Registered Agent)

5-2704

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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