

LO2000031856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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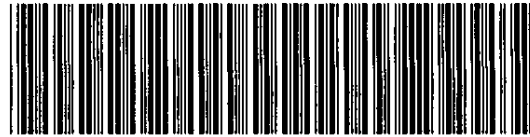
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JUN 21 2012

**EXAMINER**



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06/20/12--01018--008

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 20 PM 3:45

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MedArts in the Springs, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 20 04 3:43

Timothy D. Cross  
Name of Person

MedArts in the Springs, LLC  
Firm/Company

2901 Coral Hills Drive, Suite 200  
Address

Coral Springs, FL 33065  
City/State and Zip Code

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

For further information concerning this matter, please call:

Timothy D. Cross at ( 954 ) 752-3940  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MedArts in the Springs, LLC

2. (a) Principal office address of limited liability company: 2901 Coral Hills Drive

**(Note: MUST BE STREET ADDRESS)**

Suite 200  
Coral Springs, FL 33065

(b) Mailing address of limited liability company: 2901 Coral Hills Drive

**(Note: MAY BE POST OFFICE BOX)**

Suite 200  
Coral Springs, FL 33065

11/26/2002

3. Date of filing/registration in Florida

L02000031856

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: BERT OLIVER, P.A.

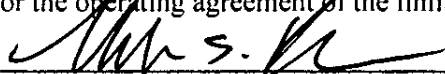
Registered Office Address: 955 NW 17TH AVENUE  
BLDG D  
DELRAY BEACH FL 33445

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW Registered Agent:** Timothy D. Cross

**NEW Registered Office Address:** MedArts in the Springs, LLC  
**(MUST BE FLORIDA STREET ADDRESS)** 2901 Coral Hills Drive, Suite 200  
Coral Springs, FL 33065

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member

Melvin S. Kohan, M.D., Manager

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JUN 20 PM 3:45