

M09000002445

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

JAN - 2 2013
L. SELLERS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
INFORMED MEDICAL MANAGEMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
12 DEC 31 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

FILED
12 DEC 31 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: InforMed Medical Management Services, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person _____ at (_____) _____
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

INHS18 (5/08)

FL 015 - 11/09/2012 Waters Answer Online

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CT CORPORATION

12/31/2012 16:39 8656336092

FILED
12 DEC 31 AM 10:37
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

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: InforMed Medical Management Services, LLC

2. (a) Principal office address of limited liability company: 1596 WHITEHALL RD
(Note: **MUST BE STREET ADDRESS**) ANNAPOLIS MD 21409

(b) Mailing address of limited liability company: 1596 WHITEHALL RD
(Note: **MAY BE POST OFFICE BOX**) ANNAPOLIS MD 21409

06/25/2009
3. Date of filing/registration in Florida

MD9000002445
4. Document number

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

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(**MUST BE FLORIDA STREET ADDRESS**) Plantation FL 33324

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.

Kimberly Baggett
Signature of a member or authorized representative of a member

KIMBERLY BAGGETT
Printed or typed name of signer

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.

By: C T Corporation System
Signature of Registered Agent Nicholas Jones, Asst. Sec.

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

THS18 (05/08)