

11/9/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M160000388503SS8

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((H20000388503 3)))



H200003885033ABC

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

From: Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

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

Email Address: ap@miamibeachmedicalgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MB MEDICAL OPERATIONS, LLC

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

2020 NOV 10 AM 10:14:8

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Fax Audit: (((H20000388503 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MB Medical Operations, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address)  
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M16000009558

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/30/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:  
*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 605, 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

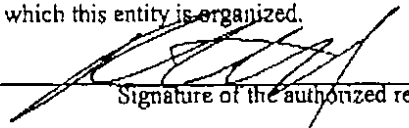
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
P	Drew Joluson	1256 Main Street, Suite 256	<input checked="" type="checkbox"/> Add
		Southlake, Texas 76092	<input type="checkbox"/> Remove
S	David Friedman	1256 Main Street, Suite 256	<input checked="" type="checkbox"/> Add
		Southlake, Texas 76092	<input type="checkbox"/> Remove
CEO	Efrain Duarte	1400 NW 107th Avenue, Suite 500	<input checked="" type="checkbox"/> Add
		Miami, Florida 33172	<input type="checkbox"/> Remove
Chairman	Rodolfo Dumenigo, M.D.	1400 NW 107th Avenue, Suite 500	<input checked="" type="checkbox"/> Add
		Miami, Florida 33172	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative

Robert Stroud, Authorized Representative  
 \_\_\_\_\_

Typed or printed name of signer

Filing Fee: \$25.00