

L07000085286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 20 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADDISON MIZNER MEDICAL, 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:

SHERIDAN KAY MILLS, ESQ
(Name of Person)

SHERIDAN KAY MILLS, ESQUIRE
(Firm/Company)

2121 N. CONFERENCE DRIVE
(Address)

BOCA RATON, FLA. 33486
(City/State and Zip Code)

For further information concerning this matter, please call:

SHERIDAN MILLS at (561) 750-3694
(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:~~ CHECK PREVIOUSLY SENT

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 OCT 17 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 19, 2008

SHERIDAN K MILLS ESQ
2121 N CONFERENCE DR
BOCA RATON, FL 33486

SUBJECT: ADDISON MIZNER MEDICAL, LLC
Ref. Number: L07000085286

We have received your document for ADDISON MIZNER MEDICAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 408A00050852

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: ADDISON MIZNER MEDICAL, LLC

2. (a) Principal office address of limited liability company: 233 S. FEDERAL HWY
BOCA RATON, FL 33432
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: SAME
(Note: **MAY BE POST OFFICE BOX**)

8/21/2007
3. Date of filing/registration in Florida

LO7000085286
4. Document number

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

Registered Agent: RODGER L. HOCHMAN, ESQ.

Registered Office Address: 1900 GLADES ROAD
SUITE 350
BOCA RATON, FL 33437

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

NEW Registered Agent: SHERIDAN K. MILLS, ESQ.

NEW Registered Office Address: 2121 N. CONFERENCE DR
BOCA RATON
FL 33486
(**MUST BE FLORIDA STREET ADDRESS**)

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]
(Signature of a member or authorized representative of a member)

RICHARD MARQUES, D.O.
(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]
(Signature of Registered Agent)

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