

A0000000/192

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Congress Medical Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A00000001192

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

Please return all correspondence concerning this matter to:

Amanda Head Moraca

Contact Person

Congress Medical Associates, Ltd.

Firm/Company

250 NW 4th Diagonal

Address

Boca Raton, FL 33432

City, State and Zip Code

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

For further information concerning this matter, please call:

Richard A. Murdoch, Esq. at (561) 347-8700

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Congress Medical Associates, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership
2. 7/27/00 3. A00000001192
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Thomas A. Head
Name
250 NW 4th Diagonal
Address
Boca Raton, FL 33432
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Amanda Head Moraca
Name
250 NW 4th Diagonal
Florida street address (P.O. Box not acceptable)
Boca Raton FL 33432
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
CMA DEVELOPMENT, INC.

By: [Signature] (Amanda Head Moraca, Vice-President)
Signature of General Partner

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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