

L010000010877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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A. LUNT

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2013 SEP 16 PM 3:02  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2013

MARK C. PERRY, ESQ  
2400 EAST COMMERCIAL BLVD. #511  
FORT LAUDERDALE, FL 33308

SUBJECT: JEFFREY C. HAMM, M.D., PLLC  
Ref. Number: L01000010877

We have received your document for JEFFREY C. HAMM, M.D., PLLC 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 LLC. Please complete and return the enclosed blank form(s).

Please return 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 013A00019556

2013 SEP 16 PM 3:02  
TALLAHASSEE, FL 32301  
DIVISION OF CORPORATIONS

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LAW OFFICES OF  
**Mark C. Perry, P.A.**  
COASTAL BUILDING  
2400 EAST COMMERCIAL BOULEVARD  
SUITE 511  
FORT LAUDERDALE, FLORIDA 33308

TELEPHONE: (954) 351-2601  
FAX: (954) 351-2605  
Email: markperryesq@yahoo.com

August 7, 2013

Via Fedex Delivery 7964 1247 3577

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

Re: Change of Registered Agent and Address  
Jeffrey C. Hamm, M.D., PLLC  
Document No.: L01000010877

To Whom It May Concern:

Enclosed with this correspondence please find cover letter and Statement of Change of Registered Office Or Registered Agent or Both for Corporations together with our office account check no. 16654 in the sum of \$35.00 representing the state's filing fee.

Very truly yours,

LAW OFFICES OF MARK C. PERRY, P.A.

By: \_\_\_\_\_

Mark C. Perry

MCP/mrt  
Enclosures  
cc: Client

2013 SEP 16 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LAW OFFICES OF  
**Mark C. Perry, P.A.**  
COASTAL BUILDING  
2400 EAST COMMERCIAL BOULEVARD  
SUITE 511  
FORT LAUDERDALE, FLORIDA 33308

TELEPHONE: (954) 351-2601  
FAX: (954) 351-2605  
Email: markperryesq@yahoo.com

August 27, 2013

Amended Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Agnes Lunt, Regulatory Specialist II

Re: Change of Registered Agent and Address  
Jeffrey C. Hamm, M.D., PLLC  
Document No.: L01000010877

Dear Ms. Lunt:

Enclosed with this correspondence please find cover letter and *Statement of Change of Registered Office Or Registered Agent or Both for Limited Liability Company* together a copy of your correspondence dated April 15, 2013.

Very truly yours,

LAW OFFICES OF MARK C. PERRY, P.A.

By: Maria Tillit  
Maria Tillit, Paralegal to Mark C. Perry

MRT/  
Enclosures

2013 SEP 16 PM 3:02  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jeffrey C. Hamm, M.D., PLLC

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:

Mark C. Perry, Esquire

Name of Person

Law Offices of Mark C. Perry, P.A.

Firm/Company

2400 East Commercial Boulevard #511

Address

Ft. Lauderdale, FL 33308

City/State and Zip Code

markperryesq@yahoo.com

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

For further information concerning this matter, please call:

Mark Perry or Maria Tillit at ( 954 ) 351-2601 Ext. 1

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

2013 SEP 16 PM 3:02  
TALLAHASSEE, FLORIDA  
STATE DEPT OF STATE

FILED

**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: Jeffrey C. Hamm, M.D., PLLC
2. (a) Principal office address of limited liability company: 12277 S.W. 55th Street, Suite 901  
Cooper City, FL 33330  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 12277 S.W. 55th Street, Suite 901  
Cooper City, FL 33330  
**(Note: MAY BE POST OFFICE BOX)**

6/28/2001

LD1000010877

3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Jeffrey C. Hamm, M.D.

Registered Office Address:

4340 Casper Court  
Hollywood, FL 33021

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

NEW Registered Agent:

Law Offices of Mark C. Pany, P.A.

NEW Registered Office Address:

2400 East Commercial Boulevard, Suite 511

**(MUST BE FLORIDA STREET ADDRESS)**

Fort Lauderdale, FL 33308

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.

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

(X) Jeffrey C. Hamm, MD  
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 32314  
FILING FEE: \$25.00