

L010000010900

DAVID U. ARANGO, M.D.  
4524 CURRY FORD RD.  
STE. 212  
ORLANDO, FL. 32812

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ATLANTIC MEDICAL SPECIALISTS, LLC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 900004577429--7  
-09/10/11--01040--008  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
SEP 10 PM 1:26  
WLC 9/12

Examiner's Initials

2P

**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. The name of the limited liability company is: ATLANTIC MEDICAL SPECIALISTS, L.L.C.

2. The mailing address of the limited liability company is: \_\_\_\_\_

279 SOUTH YONGE ST., ORMOND BEACH, FL 32174

3. Date of filing/registration in Florida 7/6/2001

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4. Document number

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

SCOTT E. OKARSKI

Name

279 SOUTH YONGE ST.

Address

ORMOND BEACH, FL 32174

City, State and Zip

6. The name and address of the new registered agent and office: (and mailing address)

DAVID U. ARANGO

Name

5085 So HWY 17-92

Florida street address (P.O. Box NOT acceptable)

CASSELBERRY FL 32207

City, State and Zip

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.

David Arango  
(Signature of a member or authorized representative of a member)

DAVID U. ARANGO  
(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.

David Arango  
(Signature of Registered Agent)

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

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DIVISION OF CORPORATIONS  
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