

L 01000022701

Address	
2420 CORAL WAY MIAMI FL	
Phone/Fax Code (required)	Phone, Fax, or E-mail (required)
331453410	(305)858-8836

Office Use Only

4/9/18

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

1. MANAGED CARE SOLUTIONS, LLC
(Corporation Name) (Document #)

2. LP1-22701
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

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

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

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

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*****25.00 *****25.00

REGISTRATION/QUALIFICATION

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

Examiner's Initials

**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: Managed Care Solutions, LLC.
2. The mailing address of the limited liability company is: 4600 Sheridan Street, 4. Floor,
Hollywood, FLorida 33021.

December 28, 2001
3. Date of filing/registration in Florida

L01000022701
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:

Ray T. Berry

Name

751 North Lake Drive

Address

Hollywood, FL 33019

City, State and Zip

6. The name and address of the new registered agent and/or office:

Kara L. Atchison

Name

4600 Sheridan Street, 4 Floor

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

Hollywood, FL 33021

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.

Kara L. Atchison
(Signature of a member or authorized representative of a member)

Kara L. Atchison
(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.

Kara L. Atchison
(Signature of Registered Agent)

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

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