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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**R. Joseph Costanzo, Jr.
Attorney-at-Law
595 Blue Teal Ct.
Atlanta, GA 30327
678-580-3426 (phone & fax)**

April 10, 2003

FL Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Ideal Health Network, LLC

Gentlepeople,

Enclosed is a *Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company* for the captioned LLC. Enclosed also is a check in the amount of \$25.00 for filing fees.

Sincerely,


R. Joseph Costanzo

03 APR 14 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RJC/sb
Enclosures

C: Liz Acosta
Carlos Lidsky, Esq.

**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: Ideal Health Network, LLC
2. The mailing address of the limited liability company is : 299 SW 27th Ave; Miami, FL 33135

3/29/2002

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3. Date of filing/registration in Florida

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:

Elizabeth Acosta

Name

299 SW 27th Ave

Address

Miami, FL 33135

City, State and Zip

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

Carlos Lidsky, Esq.

Name

145 E. 49th Street

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

Hialeah

FL 33013

City, State and Zip

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TALLAHASSEE, FLORIDA

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)

R. Joseph Costanzo, Attorney for LLC

(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