

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

L02000014778

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000160045 3)))



H070001600453ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7799

DB

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 18 AM 9:24

FILED

REGISTERED AGENT CHANGE

SOUTH FLORIDA MULTISPECIALTY ASSOCIATES LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

RECEIVED

07 JUN 18 AM 8:00

DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

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: South Florida Multispecialty Associates LLC
2. The mailing address of the limited liability company is : 4300 Alton Road, Suite 2070
Miami Beach, FL 33140

06/13/02L02000014778

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:

Maria Currier, Hunton & WilliamsName1111 Brickell Avenue, Suite 2500AddressMiami, FL 33131City, State and Zip

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

Intrastate Registered Agent CorporationName701 Brickell Avenue, Suite 3000Florida street address (P.O. Box NOT acceptable)MiamiFL 33131City, 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.

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

President and C.E.O.

(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 of Registered Agent)

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

FILED
07 JUN 18 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA