

L020000023367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900011180009

02/03/03--01059--005 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB -3 AM 11:50  
25/4

**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: FLORIDA HEALTH SOURCE, LLC
2. The mailing address of the limited liability company is : 350 JIM MORAN BLVD  
STE 150, DEERFIELD BEACH, FL 33442
- 09/09/2002 L02000023367
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:

GRUBBE, MICHAEL

Name

710 MIAMI SPRINGS DRIVE

Address

LONGWOOD, FL 32779

City, State and Zip

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

JONATHAN BLOOM, ESQ

Name

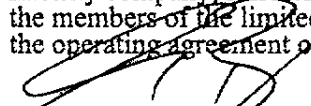
2295 NW CORPORATE BLVD, STE 117

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

BOCA RATON, FL 33431

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.

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

EVAN BROVENICK, PRESIDENT

(Printed or typed name of signer)

*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)

Jonathan Bloom

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB -3 AM 11:50