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(City/State/Zip/Phone #)

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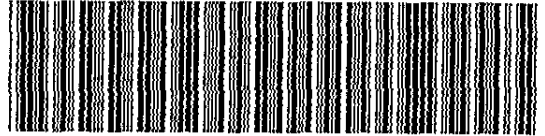
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03 OCT 27 AM 9:41

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARTNERS IN HEALTHCARE, LLC
(Name of corporation)

DOCUMENT NUMBER: L02000025636

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN GREENFIELD, ESQ.

(Name of person)

LAW OFFICES

(Name of firm/company)

15105 NW 77 AVENUE, SUITE 303

(Address)

MIAMI LAKES, FL 33014

(City/state and zip code)

For further information concerning this matter, please call:

WILLIAM GUTHRIE

(Name of person)

at (954) 938-3770

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 1, 2003

ALAN GREENFIELD, ESQ.
LAW OFFICES
15105 NW 77 AVENUE, SUITE 303
MIAMI LAKES, FL 33014

SUBJECT: PARTNERS IN HEALTHCARE, LLC
Ref. Number: L02000025636

We have received your document for PARTNERS IN HEALTHCARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 103A00053941

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DIVISION OF CORPORATIONS

03 OCT 27 AM 9:41

LAW OFFICES
**ALAN E.
GREENFIELD,** A Professional Association

Alan E. Greenfield, Esq.
Alyson E. Greenfield, Esq.

Roy R. Lustig, Esq.
Of Counsel

15105 N.W. 77th Avenue
Hops International Building
Suite 301
Miami Lakes, FL 33093
Tel. (305) 557-2200
Fax (305) 557-3400
E-Mail: AEGLawyer@aol.com

2600 Douglas Road
Douglas Centre Suite 900
Coral Gables, FL 33134
Tel. (305) 442-2400
Fax (305) 443-9700

October 22, 2003

Ms. Lee Rivers
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Letter Numbers: 103A00053939
103A00053941

Dear Ms. Rivers:

I am returning to you the executed forms for the change of Registered Agents for Outreach Programs, LLC and Partners in Healthcare, LLC together with a copy of your October 1, 2003 letters.

Thank you for your courtesies and cooperation.

Sincerely,



ALAN E. GREENFIELD

encls: (as stated)

**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: PARTNERS IN HEALTHCARE, LLC

2. The mailing address of the limited liability company is : 1501 NW 49 Street, Suite 200
Ft. Lauderdale, FL 33309

09/30/2002
3. Date of filing/registration in Florida

L02000025636
4. Document number

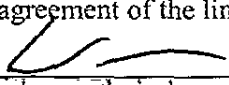
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOEL MORRISON, ESQ.
Name
1501 NW 49 Street, 200
Address
Ft. Lauderdale, FL 33309
City, State and Zip

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

ALAN GREENFIELD, ESQ.
Name
15105 NW 77 Avenue, Suite 303
Florida street address (P.O. Box NOT acceptable)
Miami Lakes FL 33014
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)

WILLIAM GUTHRIE
(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)

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

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