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2018-02-02 18:25 13 CST

12122023573 From: Kimberly Laughrey

2/2/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
WELLMAX HEALTH PHYSICIANS NETWORK, LLC

Certificate of Status	0
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J. LEGGETT
FEB 06 2018

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: WELLMAX HEALTH PHYSICIANS NETWORK, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3250 MARY STREET SUITE 400
COCONUT GROVE, FL 33133
12/29/2012

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3250 MARY ST SUITE 400
COCONUT GROVE, FL 33133
163200616279

3. Date of filing/registration in Florida 4. Document number

5. (a) Robert M. Hime
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
333 SE 2ND AVENUE, #1500
Tallahassee FL 32311

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
C T Corporation System
NEW Registered Office Address
1200 South Pine Island Road
Plantation FL 33324

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.

Catherine I. Kelaghan
Signature of a member or authorized representative of a member

Catherine I. Kelaghan
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 605, 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.

By: C T Corporation System
Signature of Registered Agent

James Harper, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (2/14)

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