

L04 0000 82254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

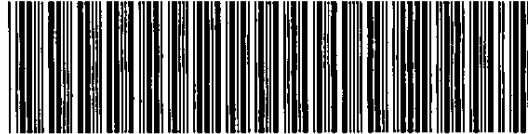
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JUL 20 2016



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Legal Concepts

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel C. Cartwright

\_\_\_\_\_  
Name of Person

Medical Legal Concepts

\_\_\_\_\_  
Firm/Company

38 Windsor Lane

\_\_\_\_\_  
Address

Palm Beach Gardens, FL 33418

\_\_\_\_\_  
City/State and Zip Code

rachel@ContactMLC.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Cartwright

at ( 561 )

2678476

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy