

05000001810

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing
date of submission 5/25

****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
GLOBAL MEDICAL MANAGEMENT, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Arrn:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 May 25 AM 10:30

FILED

Sulker

JUN 06 2016

Electronic Filing Menu

Corporate Filing Menu **SULKER**

Help



May 27, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GLOBAL MEDICAL MANAGEMENT, L.L.C.
735 OLD QUARRY ROAD
BRADENTON, FL 34212

SUBJECT: GLOBAL MEDICAL MANAGEMENT, L.L.C.
REF: L05000001810

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H16000129257
Letter Number: 416A00011190

2016 JUN -3 PM 12:11
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL MEDICAL MANAGEMENT, L.L.C.

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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____)

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

INHS18 (2/14)

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: GLOBAL MEDICAL MANAGEMENT, L.L.C.

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
735 OLD QUARRY ROAD
BRADENTON, FL 34212
01/06/2005

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
735 OLD QUARRY ROAD
BRADENTON, FL 34212
LO5000001810

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

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
GRICE, GLENNA
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
735 OLD QUARRY ROAD
BRADENTON, FL 34212

(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

FILED
16 MAY 25 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Maria Sciotti
Signature of a member or authorized representative of a member

Maria Sciotti, Manager
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 Jenifer Vincent Jenifer Vincent, Assistant Secretary & Vice President
Signature of Registered Agent

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