

LD5000013393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

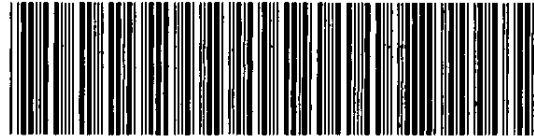
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Collins JUN 13 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIAMI INTERNATIONAL HEALTH CARE, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L05000013393

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:

CHARLES GAMBLE

(Name of Contact Person)

K&L GATES

(Firm/Company)

200 SOUTH BISCAYNE BLVD., SUITE 3900

(Address)

MIAMI, FLORIDA 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES GAMBLE

(Name of Contact Person)

at ( 305 ) 539-3307

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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. Name of the limited liability company: MIAMI INTERNATIONAL HEALTH CARE, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



(Note: **MUST BE STREET ADDRESS**)

8525 S.W. 92ND STREET, SUITE D-17  
MIAMI, FLORIDA 33156

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: **MAY BE POST OFFICE BOX**)

200 SOUTH BISCAYNE BLVD., SUITE 3900  
MIAMI, FLORIDA 33131

02/09/2005

3. Date of filing/registration in Florida

L05000013393

4. Document number

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

Registered Agent:

WILLIAM J. SPRATT, JR.

Registered Office Address:

200 S. BISCAYNE BLVD.  
20TH FLOOR  
MIAMI, FLORIDA 33131

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW** Registered Agent:

WILLIAM J. SPRATT, JR.

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

200 SOUTH BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131

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)

Javier Sobrado, M.D.

(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 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  
FILING FEE: \$25.00**