

105000079258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

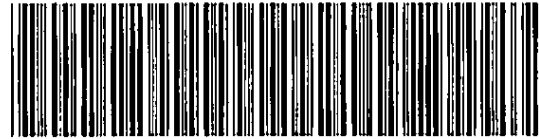
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400355842064

12/14/20--01037--015 **25.00

JAN 26 2021

S. YOUNG

FILED
2020 DEC 14 AM 7:08
CLERK OF COURT
JAN 26 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES, LLC

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:

VALERIE YAP

Name of Person

MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC

Firm/Company

4300 ALTON ROAD, WARNER BLDG. 5TH. FLOOR

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

VALERIE.YAP@MSMC.COM

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

For further information concerning this matter, please call:

VALERIE YAP

305 674-2089
at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES, LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

4300 ALTON ROAD, WARNER BLDG. 5TH FLOOR

MIAMI BEACH, FL 33140

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

4300 ALTON ROAD, WARNER BLDG. 5TH FLOOR

MIAMI BEACH, FL 33140

8/11/2005

L05000079258

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:

PRISCILLA FRIENDLAND

Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*

4300 ALTON ROAD, WARNER BLDG. 5TH FLOOR

MIAMI BEACH, FL 33140

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

VALERIE YAP

NEW Registered Office Address:

4300 ALTON ROAD, WARNER BLDG. 5TH FLOOR

MIAMI BEACH, FL 33140

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

Printed or typed name of signed

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.

Signature of Registered Agent

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

FILING FEE: \$25.00