

9/19/2013 9:53:02 From To 8506 883

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*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  
RENAL CAREPARTNERS OF MIAMI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

13 SEP 19 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 SEP 19 AM 4:39  
TALLAHASSEE, FLORIDA

2013 SEP 19 AM 4:39

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

SEP 20 2013

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Renal CarePartners of Miami, 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:

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

INHS16 (5/08)

FLS11 - 8/20/2013 Update E-Form Order

2013 SEP 19 AM 4:39  
TALLAHASSEE, FLORIDA

**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: Ronal CarePartners of Miami, LLC
2. (a) Principal office address of limited liability company: 955 NW 3rd Street  
(Note: **MUST BE STREET ADDRESS**) #109/110  
Miami, FL 33128
- (b) Mailing address of limited liability company: 320 Seven Springs Way  
(Note: **MAY BE POST OFFICE BOX**) Suite 220  
Brentwood, TN 37027
- 09/06/2005 LO500087543
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:

Registered Agent: Bryan W. Bauman, Esquire

Registered Office Address: 11820 N.W. 37th Street  
Coral Springs, FL 33063

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

**NEW Registered Agent:** CT Corporation System

**NEW Registered Office Address:** 1200 South Pine Island Road  
(**MUST BE FLORIDA STREET ADDRESS**) 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.

Signature of a member or authorized representative of a member

Thomas L. Winkler  
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.

By: CT Corporation System

Signature of Registered Agent

Michael E. Jones  
Authorized Secretary

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

INHS18 (05/08)