

L06000011920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

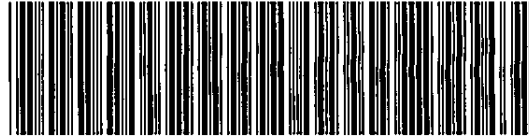
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2015

MICHAEL SHAPIRO
128 LANSING ISLAND DR
INDIAN HARBOUR BEACH, FL 32937

SUBJECT: PRACTICE ANALYTICS, LLC
Ref. Number: L06000011920

We have received your document for PRACTICE ANALYTICS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 615A00023811



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2015

MICHAEL SHAPIRO
128 LANSING ISLAND DR
INDIAN HARBOUR BEACH, FL 32937

SUBJECT: PRACTICE ANALYTICS, LLC
Ref. Number: L06000011920

We have received your document for PRACTICE ANALYTICS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00023811

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Practice Analytics, LLC
Name of Corporation

DOCUMENT NUMBER: L06000011920

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:

Michael Shapiro MD

Name of Contact Person

Practice Analytics, LLC

Firm/Company

128 Lansing Island Drive

Address

Indian Harbour Beach, FL 32937

City/State and Zip Code

mshapiro@cfl.rr.com

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

For further information concerning this matter, please call:

Michael Shapiro MD

Name of Contact Person

at (321) 431-4466

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 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: Practice Analytics, LLC

2. (a) Practice Analytics, LLC (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

128 Lansing Island Drive

Indian Harbour Beach, FL 32937

2/2/2006

L06000011920

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

1201 Hays Street

Tallahassee, FL 32301

(b) Michael Shapiro

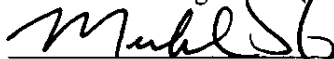
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

128 Lansing Island Drive

Indian Harbour Beach, FL 32937

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

Michael Shapiro

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.


Signature of Registered Agent

15 DEC - 9 PM 4:51
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA