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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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)205-8842  
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  
UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, LLC**

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

K. SALY  
EXAMINER

MAY -1

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, 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:

Anne Prillaman  
Name of Person

Ross Capital Management Corporation  
Firm/Company.

460 W 34th Street, 4th Floor  
Address

New York, NY 10001  
City/State and Zip Code

aprillaman@umhs-sk.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Johnson at ( 800 ) 562-6439  
Name of Person 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

**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: UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>224 Datura Street, Suite 1115</u>	<u>460 W 34th St. 4th Floor</u>
<u>West Palm Beach, FL 33401</u>	<u>New York, NY 10001</u>

3. <u>09/12/2007</u>	4. <u>L07000093284</u>
Date of filing/registration in Florida	Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
JONES FOSTER SERVICE, LLC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
505 SOUTH FLAGLER DRIVE SUITE 1100  
WEST PALM BEACH, FL 33401

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NRAI Services, Inc.  
NEW Registered Office Address:  
1200 South Pine Island Road--  
Plantation, FL 33324

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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.

Warren Ross  
Signature of a member or authorized representative of a member

Warren Ross  
Printed or typed name of signer

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: NRAI Services, Inc.  
Nicole Chouinard  
Signature of Registered Agent

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