

L07000103257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

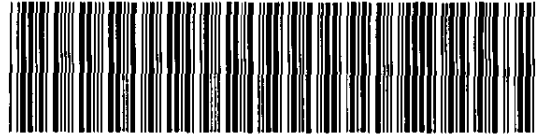
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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*R/A
change*

NOV 20 2012

A. DUNLAP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B&C Family Health Group And Associates
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:

Alexis Ramirez
Name of Person


Firm/Company

7764 NW 189TH Street
Address

Hiwleah Florida 33015
City/State and Zip Code

info@Triplecaremedicalcenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Ramirez at (305) 927 7607
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 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: BBC Family Health Group and Associates, LLC

2. (a) Principal office address of limited liability company: 7764 NW 189TH Street

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

Hiwaleah FL 33015

(b) Mailing address of limited liability company:

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

7764 NW 189TH Street
Hiwaleah FL 33015

10-11-2007
3. Date of filing/registration in Florida

207000103257
4. Document number

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

Registered Agent:

LAZARUS Corporate Filing Ser.

Registered Office Address:

3320 SW 87 AVE
MIAMI FLORIDA 33165

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

NEW Registered Agent:

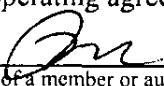
Alexis Ramirez

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

7764 NW 189TH Street
Hiwaleah FL 33015

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

Alexis Ramirez
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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2012

B&C FAMILY HEALTH GROUP AND ASSOCIATES, LLC
17689 N.W. 78 AVENUE
HIALEAH, FL 33015

SUBJECT: B&C FAMILY HEALTH GROUP AND ASSOCIATES, LLC
Ref. Number: L07000103257

It has come to our attention through an audit of our records that your company has improperly designated your registered agent.

Florida Law requires that a newly appointed registered agent must accept the appointment and agree to act in that capacity by signing the appropriate affidavit.

The registered agent may be changed by completing the attached registered agent change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by December 11th, 2012, your company will be administratively dissolved. Please send the completed form back to my personal attention to insure proper filing of this document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Senior Section Administrator

Letter Number: 112A00025276