## Florida Department of State

Division of Corporations Public Access System

## **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.

(((H08000196653 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6380

AUG 192008

From:

Account Name : HARVARD BUSINESS SERVICES, INC. EXAMINER

Account Number : I20080000045

Phone

: (302)645-7400

Pax Number

: (302)336-9724

### REGISTERED AGENT CHANGE

#### MZ HEALTH CARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$ <del>2000</del>
	H CE M

Electronic Filing Menu

Corporate Filing Menu

H06000196653 3

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: MZ Health Care LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filin	ng.	
Please return all correspondence concerning th	is matter to the following:		
Heather Briggs			
(Name of Person)	<del>`</del>		
Harvard Business Services, Inc. (Firm/Company)			
16192 Coastal Highway (Address)			
Lewes, DE 19958 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Heather Briggs	at ( 302 ) 645-7400 ext; 6124		
(Name of Person)	(Area Code & Daytime Telephone Nun	nber)	
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	98 AUG   SECKLTI TALLAHA	
Enclosed is a check for the following	Enclosed is a check for the following amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	A B B B B B B B B B B B B B B B B B B B	
INHS18 (5/08)		) 8: 58 STATE . ORID.	

ഗ

H 08000196453 3

H08000196653 3

# 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 Floridă. 1. Name of the limited liability company: MZ Health Care LLC 2. (a) Principal office address of limited liability company: Brickell Bay Office Tower (Note: MUST BE STREET ADDRESS) 1001 Brickell Bay Drive, Suite 2310 Miemi, Florida 33131, USA (b) Mailing address of limited liability company: Brickell Bay Office Tower (Note: MAY BE POST OFFICE BOX) 1001 Brickell Bay Drive, Suite 2310 Miami, Florida 33131, USA L07000122382 December 10, 2007 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: Transglobal Corporate Administration, LLC Registered Agent: Registered Office Address: 520 Brickell Key Drive, Suite O-305 Mlami, Florida 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: NRAI Services, Inc. 2731 Executive Park Drive, Suite 4 NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Weston 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. AUUUUUU (Signature of a member or authorized representative of a m JOSE ANTONIO OLIVARES ムレヘカイマム (Printed er 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. Kerwani - Assistant guature of Registred Agent) 80 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 AUG FILING FEE: \$25.00 INHS18 (05/08) 9