

LD8000024967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 05 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: medical solutions Health Care Center
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:

Dorothy Cook
Name of Person

medical solutions Health Care Center, LLC
Firm/Company

11512 County Road 316
Address

Fort McCoy, Florida 32134
City/State and Zip Code

mswcr1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorothy Cook at (352) 236-2525
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

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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: medical Solutions Health Care Center

2. (a) Principal office address of limited liability company: _____



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

13940 US HW 441, Suite 503
LADY LAKE FL 32159

(b) Mailing address of limited liability company: _____



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



3/10/2008

3. Date of filing/registration in Florida

LD8000024967

4. Document number

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

Registered Agent:

Dorothy Cook

Registered Office Address:

13940 US Hwy 441
Suite 503
LADY LAKE FL 32159

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

NEW Registered Agent:

N/A

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

11512 County Rd 316

Fort McCoy, FL 32134

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 _____

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.

Dorothy Cook

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00