

L090000017523

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B+K MEDICAL SPECIALISTS 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:

DANIEL KAPLAN

Name of Person

B+K MEDICAL SPECIALISTS LLC

Firm/Company

5333 N. DIXIE HWY SUITE 208

Address

OAKLAND PARK, FLORIDA 33334

City/State and Zip Code

DLKAPLAN@WORLDNET.AT&T.NET

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

For further information concerning this matter, please call:

DANIEL KAPLAN

Name of Person

at ( 954 ) 202 6277

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: B+X MEDICAL SPECIALISTS LLC

2. (a) Principal office address of limited liability company: 5333 N. DIXIE HWY #208  
☐ (Note: MUST BE STREET ADDRESS) OAKLAND PARK, FLORIDA 33334

(b) Mailing address of limited liability company: 5333 N. DIXIE HWY #208  
☐ (Note: MAY BE POST OFFICE BOX) OAKLAND PARK, FLORIDA 33334

FEBRUARY 23, 2009  
3. Date of filing/registration in Florida

LO9000017523  
4. Document number

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

Registered Agent: KAPLAN, DANIEL

Registered Office Address: 4020 GALT OCEAN DRIVE  
1408  
FORT LAUDERDALE FL 33308 US

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

NEW Registered Agent: KAPLAN, DANIEL

NEW Registered Office Address:  
(MUST BE FLORIDA STREET ADDRESS) 5333 N. DIXIE HWY  
Suite 208  
FORT LAUDERDALE, FL 33334

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.

Daniel Kaplan on 6/19/09  
Signature of a member or authorized representative of a member

DANIEL KAPLAN  
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.

Daniel Kaplan  
Signature of Registered Agent

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

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