

LOG0000029708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

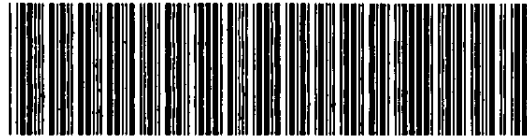
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2013 MAY -8 AM 8:25
FILING OFFICE
TOLSON, VA

J. SAULSBERRY
EXAMINER
MAY 10 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL CENTER OF NORTH BROWARD 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:

HARMAN LEONARD PAUL DR.

Name of Person

MEDICAL CENTER OF NORTH BROWARD LLC

Firm/Company

1525 NW 3RD ST STE #5

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

dr.harman@medcnb.com

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

For further information concerning this matter, please call:

HARMAN LEONARD PAUL

Name of Person

at (954) 7813306

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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2013 MAY -8 AM 8:25
TALLAHASSEE, FLORIDA

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 CENTER OF NORTH BROWARD LLC

2. (a) Principal office address of limited liability company: 38 NE 20TH AVENUE
(Note: MUST BE STREET ADDRESS) POMPANO BEACH
FLORIDA 33060

(b) Mailing address of limited liability company: 38 NE 20 TH AVENUE
(Note: MAY BE POST OFFICE BOX) POMPANO BEACH
FLORIDA 33060

05/16/2011

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: HARMAN LEONARD PAUL DR.

Registered Office Address: 38 NE 20 TH AVENUE
POMPANO BEACH
FLORIDA 33060

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

NEW Registered Agent: HARMAN LEONARD PAUL DR.

NEW Registered Office Address: 38 NE 20 TH AVENUE
(MUST BE FLORIDA STREET ADDRESS) POMPANO BEACH
FL 33060

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

LEONARD PAUL HARMAN
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]
Signature of Registered Agent

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