

✓  
L09000111484

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

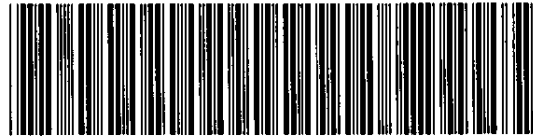
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300252240953

10/24/13--01002--022 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
13 OCT 24 PM 1:48

2013 OCT 24 AM 9:41  
FALLAH ASSISTANT DIR.

B. BOSTICK

OCT 25 2013

EXAMINE

**CORP DIRECT AGENTS, INC. (formerly CCRS)**  
**515 EAST PARK AVENUE**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **10/24/2013**

**REF. #:**           **8936446**

**CORP. NAME:**   **ACTIV DOCTORS CONSULT, LLC**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                            | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                    | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                            | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION              |   |  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT FILING |   |  |

**STATE FEES PREPAID WITH CHECK# 70008782 FOR \$ 25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

2013 OCT 24 AM 9:41  
TALLAHASSEE, FL 32301

**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: ACTIV DOCTORS CONSULT, LLC
2. (a) Principal office address of limited liability company: 250 CATALONIA AVE  
804  
CORAL GABLES, FL 33134  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 250 CATALONIA AVE  
804  
CORAL GABLES, FL 33134  
**(Note: MAY BE POST OFFICE BOX)**

11/19/2009 L09000111484

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: JULIE W. ALLISON, P.A.

Registered Office Address: 4000 HOLLYWOOD BLVD, SUITE 500-I  
HOLLYWOOD, FL 33021

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: NRAI SERVICES, INC.
- NEW Registered Office Address: 1200 SOUTH PINE ISLAND ROAD  
**(MUST BE FLORIDA STREET ADDRESS)** PLANTATION, FL 33324

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.

James A. Heaney COO  
Signature of a member or authorized representative of a member

Kimberly Heaney  
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.*

Michele Holden  
Signature of Registered Agent  
Michele Holden,  
Assistant Secretary

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