

L/0000048744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

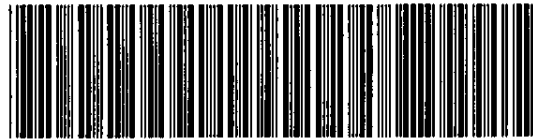
Special Instructions to Filing Officer:

A. LUNT

APR -2 2011

EXAMINER

Office Use Only



300226614633

03/30/12--01013--012 **25.00

FILED
2012 MAR 30 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Pain Management Medical Center, 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:

Mogin Antoine, MD

Name of Person

Sunshine Pain Management Medical Center, LLC

Firm/Company

4997 SW 162nd Ave

Address

Miramar, FL 33027

City/State and Zip Code

nmantoine@yahoo.com

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

For further information concerning this matter, please call:

Mogin Antoine, MD

Name of Person

at (305)

836-1421

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

FILED
2012 MAR 30 PM 3:22
SECRETARY OF STATE
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: Sunshine Pain Management Medical Center, LLC

2. (a) Principal office address of limited liability company: 1190 NW 95th Street

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

Suite 303
Miami, FL 33150

(b) Mailing address of limited liability company: 4997 SW 162nd Ave

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

Miramar, FL 33027

03/22/2012
3. Date of filing/registration in Florida

L10000048744
4. Document number

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

Registered Agent:

Fernando V Rivabem, MD

Registered Office Address:

14221 SW 120th Street
Suite 224
Miami, FL 33186

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

NEW Registered Agent:

Mogin Antoine, MD

NEW Registered Office Address:

4997 SW 162nd Ave

(**MUST BE FLORIDA STREET ADDRESS**)

Miramar, FL 33027

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.

Mogin Antoine
Signature of a member or authorized representative of a member

Mogin Antoine, MD
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.

Mogin Antoine
Signature of Registered Agent

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