

L10000049307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

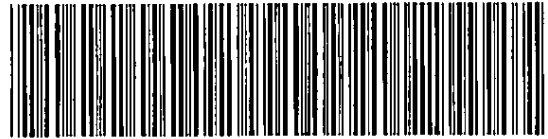
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRITICAL CARE ASSOCIATES OF SO FLORIDA 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:

CHADI LOUTFI, MD

Name of Person

CRITICAL CARE ASSOCIATES OF SO FLORIDA LLC

Firm/Company

1601 CLINT MOORE ROAD, SUITE 100

Address

BOCA RATON, FL 33487

City/State and Zip Code

cloutfi@lungdoesfl.com

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

For further information concerning this matter, please call:

CHADI LOUTFI, MD at (561) 665-0613  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: CRITICAL CARE ASSOCIATES OF SO FL
2. (a) 1601 CLINT MOORE ROAD, SUITE 100, BOCA RATON FL 33487  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 1601 CLINT MOORE ROAD, SUITE 100, BOCA RATON FL 33487  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 05/06/2010 Date of filing/registration in Florida
4. L10000049307 Document number
5. (a) SUSAN RUBY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1601 CLINT MOORE ROAD, SUITE 100, BOCA RATON FL 33487  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_
- (b) CHADI LOUTFI, MD  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
\_\_\_\_\_  
NEW Registered Office Address:  
1601 CLINT MOORE ROAD, SUITE 100, BOCA RATON FL 33487  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

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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.

CHADI LOUTFI, MD

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 605, 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 of Registered Agent