

**L11000073415**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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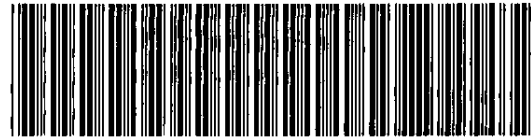
\_\_\_\_\_  
(Business Entity Name)

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

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2011 AUG 29 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**AUG 29 2011**

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2011

JOSEPH A. AUGUSTIN MD  
NEW HOPE MEDICAL GROUP  
4301 SUNRISE BLVD.  
FT. LAUDERDALE, FL 33137

SUBJECT: NEW HOPE MEDICAL GROUP LLC  
Ref. Number: L11000073415

We have received your document for NEW HOPE MEDICAL GROUP LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 811A00018374

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEW HOPE MEDICAL GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000073415

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH A. AUGUSTIN M.D.  
Name of Person

NEW HOPE MEDICAL GROUP  
Name of Firm/Company

4301 SUNRISE BLVD  
Address

FT LAUDERDALE FL 33437  
City/State and Zip Code

aa.joseph.e.pol.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH A. AUGUSTIN at (561) 603-1866  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
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: NEW HOPE MEDICAL GROUP LLC

2. (a) Principal office address of limited liability company: 4301 SUNRISE BLVD

(Note: MUST BE STREET ADDRESS)

FT LAUDERDALE FL  
33137

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4301 SUNRISE BLVD  
FT LAUDERDALE FL  
33137

06-24-2011

3. Date of filing/registration in Florida

4. Document number

L11000073415

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

Registered Agent:

GILBERT FRANKLIN

Registered Office Address:

4301 SUNRISE BLVD  
FT LAUDERDALE FL 33137

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

NEW Registered Agent: PRESIDENT

AUGUSTIN JOSEPH A.

NEW Registered Office Address:  
(MUST BE FLORIDA STREET ADDRESS)

4301 SUNRISE BLVD  
FT LAUDERDALE FL 33137

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]  
Signature of member or authorized representative of a member

REGINE JOSE

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.

X [Signature]  
Signature of Registered Agent

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

11/18/11 (05/08)

2011 AUG 29 AM 8:41  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED