

L11 0000084695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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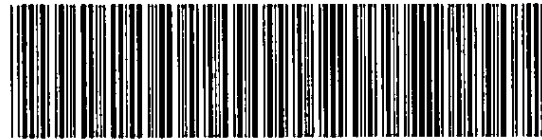
(Business Entity Name)

(Document Number)

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20 JAN 13 PM 2:34

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PrimeHealth Physicians, LLC  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
20 JAN 13 PM 2:35

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:

Lisa Sosa

Name of Person

PrimeHealth Physicians, LLC

Firm/Company

14680 SW 8th Street Suite 211

Address

Miami, Florida 33184

City/State and Zip Code

l.sosa@phpmds.com

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

For further information concerning this matter, please call:

Lisa Sosa

305

549-8937

at (

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: PrimeHealth Physicians, LLC

2. (a) 14680 SW 8th Street Suite 211 Miami, FL 33184

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) 14680 SW 8th Street Suite 211 Miami, FL 33184

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

07.22/2011

L11000084695

3. Date of filing/registration in Florida

4. Document number

5. (a) Rosen, Karen Z

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

370 Minorca Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

### 2nd Floor C/O Primecare of Coral Gables

Coral Gables, FL 33134

(b) Cesar A Ortiz, CEO

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

14680 SW 8th Street

**NEW** Registered Office Address:

Suite # 211

Miami \_\_\_\_\_, FL 33184

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

Cesar A Ortiz, CEO

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

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