

L11000100967

(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:

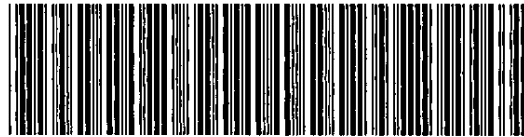
PA

Office Use Only

B. KOHR

JUL 23 2012

EXAMINER



100237466041

07/20/12--01005--024 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 20 PM 4:47

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Physician Wound Associates, 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:

MARK RODZ, MANAGING MEMBER  
Name of Person

Physician Wound Associates, LLC.  
Firm/Company

9275 SW 152ND STREET, SUITE 208  
Address

MIAMI, FL. 33157  
City/State and Zip Code

mrodz@physicianwoundassociates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK RODZ at ( 305 ) 934-8193  
Name of Person 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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 20 PM 4:47

**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: PHYSICIAN WOUND ASSOCIATES LLC.
2. (a) Principal office address of limited liability company: 9275 SW 152 STREET  
SUITE 208, MIAMI, FL. 33157  
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 9275 SW 152 STREET  
SUITE 208, MIAMI, FL. 33157  
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 09-02-2011
4. Document number: L11000100967

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET  
TALLAHASSEE, FL 32301

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

NEW Registered Agent:

MARK RODZ

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

9275 SW 152 STREET  
SUITE 208  
MIAMI, FL 33157

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.

Mark Rodz  
Signature of a member or authorized representative of a member

MARK RODZ  
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.*

Mark Rodz  
Signature of Registered Agent

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