

#L11000101124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT 6 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2011

HEALTHCARE DEVELOPMENT PARTNERS OF FLORIDA, LLC
LOUIS MORGENIER
2328 GOLF BROOK DRIVE
WELLINGTON, FL 33414

SUBJECT: HEALTHCARE DEVELOPMENT PARTNERS OF FLORIDA, LLC
Ref. Number: L11000101124

We have received your document for HEALTHCARE DEVELOPMENT PARTNERS OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 711A00022504

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Development Partners of 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:

Louis Morgenier

Name of Person

Healthcare Development Partners of Florida

Firm/Company

2328 Golf Brook Drive

Address

Wellington, FL 33414

City/State and Zip Code

Lmorgenier@comcast.net

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

For further information concerning this matter, please call:

Louis Morgenier

Name of Person

at (561)

795-6700

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

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: Healthcare Development Partners of Florida

2. (a) Principal office address of limited liability company: 2328 Golf Brook Drive

(Note: MUST BE STREET ADDRESS)

Wellington, FL 33414

(b) Mailing address of limited liability company: 2328 Golf Brook Drive

(Note: MAY BE POST OFFICE BOX)

Wellington, FL 33414

September 2, 2011

LL11000101124

3. Date of filing/registration in Florida

4. Document number

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

Tallahassee, FL 32301

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

NEW Registered Agent:

Louis Morgenier

NEW Registered Office Address:

2328 Golf Brook Drive

(MUST BE FLORIDA STREET ADDRESS)

Wellington

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.

Louis Morgenier

Signature of a member or authorized representative of a member

Louis Morgenier

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.

Louis Morgenier

Signature of Registered Agent

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

FILING FEE: \$25.00