

L12000005782

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(Requestor's Name)

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(City/State/Zip/Phone #)

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

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TALLAHASSEE FLORIDA

DEC 10 2013

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEDICAL PRACTITIONERS FOR AFFORDABLE CARE, 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:

DWIGHT E. JONES, MD  
Name of Person

MEDICAL PRACTITIONERS FOR AFFORDABLE CARE, LLC  
Firm/Company

1341 BEDFORD DR, SUITE B  
Address

MELBOURNE, FL 32940  
City/State and Zip Code

djones@bpnipa.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSE TRAVIS at (321) 757-7600  
Name of Person Area Code & Daytime Telephone Number  
rtravis@bpnipa.org

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: MEDICAL PRACTITIONERS FOR AFFORDABLE CARE, LLC
2. (a) Principal office address of limited liability company: 1341 BEDFORD DR.  
SUITE B  
MELBOURNE, FL 32940  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 1341 BEDFORD DR.  
SUITE B  
MELBOURNE, FL 32940  
(Note: **MAY BE POST OFFICE BOX**)
- 01/12/2012
3. Date of filing/registration in Florida
- L12000005782
4. Document number

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

Registered Agent:

BRENDA A. RADKE

Registered Office Address:

1341 BEDFORD DR

SUITE B

MELBOURNE, FL 32940

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

**NEW Registered Agent:**

DWIGHT E. JONES, M.D.

**NEW Registered Office Address:**

1341 BEDFORD DR.

SUITE B

MELBOURNE, FL 32940

(**MUST BE FLORIDA STREET ADDRESS**)

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

GOPAL GADODIA

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.

Signature of Registered Agent

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

FILING FEE: \$25.00