

112000089677

(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:

Office Use Only



300311355823

04/05/18--01012--002 **50.00

B FIGUEROA

APR 09 2018

10 APR -5 AM 2:28

SECTION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Primary Care Physicians of Hollywood P.L.
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:

Carlos H. Arce, P.A.

Name of Person

Lubell & Rosen

Firm/Company

200 South Andrews Ave. Suite 900

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

kerry@pcphollywood.com

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

For further information concerning this matter, please call:

Kerry McElligott

Name of Person

at (754) 209-1129

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 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: Primary Care Physicians of Hollywood P. L.

2. (a) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2488 N University Drive
Pembroke Pines, FL 33024

06/13/2012

3. Date of filing/registration in Florida

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2488 N University Drive
Pembroke Pines, FL 33024

L12000089677

4. Document number

5. (a) Flannigan + Maniotis, PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2586 Forest Hill Blvd
West Palm Beach, FL 33406

(b) Carlos H. Arco, P.A.

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

Lubell + Rosen

NEW Registered Office Address:

200 S. Andrews Ave Ste 900
Fort Lauderdale, FL 33301

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.

X [Signature]
Signature of a member or authorized representative of a member

Moises Issa

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]
Signature of Registered Agent