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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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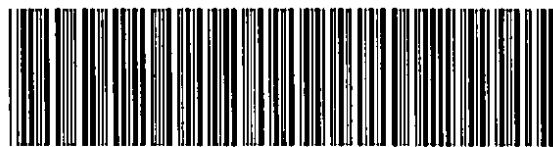
(Business Entity Name)

(Document Number)

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11/20/2019

100-443887-100

**SUBJECT:** MARK ANTHONY QUINTERO, M.D., L.L.C.

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

MARK ANTHONY QUINTERO, M.D., L.L.C.

PO BOX 310074

MIAMI, FL 33231

MAQPAINMD@GMAIL.COM

For further information concerning this matter, please call:

Name of Person \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**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: MARK ANTHONY QUINTERO, M.D., L.L.C.
2. (a) 3659 SOUTH MIAMI AVENUE (b) PO BOX 310074  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

SUITE 5003

MIAMI, FL 33231

MIAMI, FL 33133

09/19/2012

L12000119830

3. 09/19/2012 Date of filing/registration in Florida 4. L12000119830 Document number

5. (a) 1975

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

3659 SOUTH MIAMI AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 5003

MIAMI, FL 33133

- (b) MARK ANTHONY QUINTERO, M.D.

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

NEW Registered Office Address:

FL

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]  
Signature of a member or authorized representative of a member

MARK ANTHONY QUINTERO, M.D.

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

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