

L12000134931

(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



200261031092

06/16/14--01022--022 \*\*25.00

14 JUN 16 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

JUL 03 2015  
T. LEMMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRIMARY CARE Agency 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:

Zinovy Dralyuk  
Name of Person

PRIMARY CARE Agency, LLC  
Firm/Company

1680 Michigan Ave. # 700  
Address

Miami Beach, FL 33139  
City/State and Zip Code

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

For further information concerning this matter, please call:

Zinovy Dralyuk at ( 847 ) 561-3700  
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

**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 Agency, LLC

2. (a) 1680 Michigan Ave (b) 420 Winston Ln

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 700  
MIAMI BEACH, FL 33139

DEERFIELD IL 60015

3. 10/23/2012  
Date of filing/registration in Florida

4. L12000134931  
Document number

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

460 NW 214 STREET #105  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33169

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

1680 Michigan Ave  
SUITE 700  
MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

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

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 of Registered Agent

APPROVED  
AND  
FILED  
14 JUN 16 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA