

L13000002455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

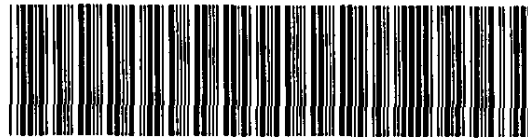
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800250086008

07/25/13--01020 -013 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 30 PM 12:15

JUL 31 2013

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medlink Doctors 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:

Andrew Heeman

Name of Person

Medlink Doctors LLC

Firm/Company

9610 SW 11 Street

Address

Pembroke Pines FL 33025

City/State and Zip Code

andrew@medlinkdoctors.com

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

For further information concerning this matter, please call:

Andrew Heeman

Name of Person

at ( 954 ) 839-5516

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: Medlink Doctors LLC

2. (a) Principal office address of limited liability company: 9610 SW 11 Street  
**(Note: MUST BE STREET ADDRESS)** Pembroke Pines, FL 33025

(b) Mailing address of limited liability company: 9610 SW 11 Street  
**(Note: MAY BE POST OFFICE BOX)** Pembroke Pines FL 33025

01/03/2013

L13000002455

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: Tastia Stephens

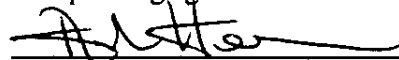
Registered Office Address: 5419 N STATE ROAD 7 TAMARAC, FL 33319

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

**NEW Registered Agent**: Andrew Heeman

**NEW Registered Office Address**: 9610 SW 11 Street  
**(MUST BE FLORIDA STREET ADDRESS)** Pembroke Pines FL 33025  
, FL 33025

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

Andrew Heeman

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 30 PM 12:03